

The newsletter of
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to the EMCDDA

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Drug-related deaths and deaths among people who use drugs in Ireland, 2008–2017

The National Drug-Related Deaths Index (NDRDI) reports on poisoning deaths (also known as overdose), which are deaths in the general population due to the toxic effect of a drug or combination of drugs, and on non-poisonings, which are deaths as a result of trauma, such as hanging, or medical reasons, such as cardiac events, among people who use drugs. The latest figures from the NDRDI show that 376 people died in 2017 from poisoning deaths and that 410 non-poisoning deaths occurred among people who used drugs.^{1,2}



Minister of State with
responsibility for Health
Promotion and the
National Drugs Strategy,
Catherine Byrne TD,
speaking at the 2019
National Drugs Forum in
Croke Park

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The policy, research, and other documents covered in this issue of *Drugnet Ireland* have all been retrieved by the HRB National Drugs Library and may be accessed on its website www.drugsandalcohol.ie

In brief

Whatever type of government emerges in the aftermath of Election 2020, one peculiarity of Irish political governance will not be changed during the lifetime of the 33rd Dáil – Ireland is a very centralised country and the responsibilities and power of local government have gradually decreased over several decades.

This imbalance is somewhat offset by the part played by civil society in both the delivery of services and contributing to policy development in many areas. Non-governmental organisations, community groups, church-owned or other faith-based organisations have historically played prominent roles in the health, social protection, and education spheres. The State has accommodated this reality for both political and fiscal reasons. In turn, civil society organisations have taken the opportunity presented by this role to lobby for sectoral concerns and to advocate on behalf of those citizens for whom it provides services.

A partnership approach, supporting the involvement of the non-governmental sector in both policy development and service delivery, has long been a feature of Irish drugs policy. The establishment of drug taskforces in the 1990s was an acknowledgment both of the valuable work being done at community level and the importance of communities as a source of knowledge in developing responsive, effective, and well-supported policies. The European Commission identifies civil society involvement as key to the implementation of drugs policy that is both well informed and capable of earning legitimacy. A comparative study in 2018 found that the level of this involvement was high in Ireland and that this country did not have to face the difficulties encountered by non-governmental entities in other countries.¹

While this study found that there was a need for greater practical support and care as regards involvement of civil society in key decisions, it was also clear that the new drugs strategy had been well received by community and voluntary actors and has structures in place to support their participation. A 2020 paper describes the partnership approach underpinning the preparation of the national drugs strategy during 2016 and 2017 and the consensus-based approach to deciding on strategic actions.² Decisions followed what the paper described as ‘robust’ debate, which ensured that all voices had an equal opportunity to be heard.

It is somewhat ironic that in the two areas identified as being of particular concern to the electorate, housing and health, local involvement in decision-making is very low compared with a generation ago. The end of the health boards and the very limited involvement of local authorities in housing provision has removed a layer of governance that, while problematic at times, was at least capable of responding to local concerns and could be useful in coordinating public service at regional or lower level. In the drugs field, we have a robust voluntary sector with great expertise and policy knowledge in low threshold, residential, and harm reduction work. Taskforces are responsible for developing a response tailored to the region or urban area in which they operate and for bringing community representatives together to ensure that this response is suitable, has broad support, and is effective. This model of civil society engagement is one that could provide useful pointers on findings solutions to other societal problems.

1 Lahusen H, Verthein U and Martens M-S (2018) *Civil society involvement in drug policy in EU member states. Assessment report*. Amsterdam: De Regenboog Groep/Correlation Network. <https://www.drugsandalcohol.ie/29890/>

2 Comiskey C (2020) Reducing harm, supporting recovery: a partnership and evidence-informed approach to developing the new Irish health led, National Drug Strategy. *Harm Reduct J*, 17(1): 3. <https://www.drugsandalcohol.ie/31534/>

Drug-related deaths, 2008–2017

continued

Key findings

Key findings of the report are:

- Taking a cocktail of drugs (polydrugs) continues to be a significant factor in poisoning deaths, contributing to 3 in 5 poisoning deaths.
- There is an increase in cocaine poisoning deaths.
- Alcohol continues to be the main drug implicated in poisoning deaths, alone or with other drugs.
- Hanging is the main cause of non-poisoning deaths.

Deaths in 2017 among people who inject drugs

People who were injecting at the time of the incident that led to their death represented 4% (n=34) of all drugs-related deaths in 2017. The majority were male and involved opioids (94%). Two in five (41%) occurred in Dublin city and the majority were alone at the time of injecting (see Figure 1).

Poisoning deaths in 2017

The annual number of poisoning deaths increased by 2% from 368 in 2016 to 376 in 2017. As in previous years, the majority (70%) were male. The median age of those who died was 43 years (see Figure 2).

Key findings of poisoning deaths in 2017:

- Alcohol was implicated in over 1 in 3 poisoning deaths (33%) and alcohol alone was responsible for 16% of all poisoning deaths (see Figure 3).
- Opioids were the main drug group implicated in poisonings; methadone was implicated in one-quarter (25%) of poisonings, while heroin-related poisoning deaths increased from 74 deaths in 2016 to 77 in 2017.
- Prescribable (prescription and/or over-the-counter) drugs were implicated in 2 in every 3 (67%) poisoning deaths.
 - Benzodiazepines were the most common prescribable drug group implicated. Diazepam was the most common benzodiazepine-type drug and was implicated in 1 in 4 (90; 24%) of poisonings.
 - Methadone was the most common individual prescribable drug implicated in 95 (25%) poisonings deaths.
 - Alprazolam poisoning deaths increased by 34% from 47 in 2016 to 63 in 2017.
- Cocaine-related deaths increased from 42 in 2016 to 53 in 2017.
- MDMA-related deaths increased from 8 in 2016 to 14 in 2017.

Figure 1: Infographic of all deaths among people known to be injecting at time of death in 2017

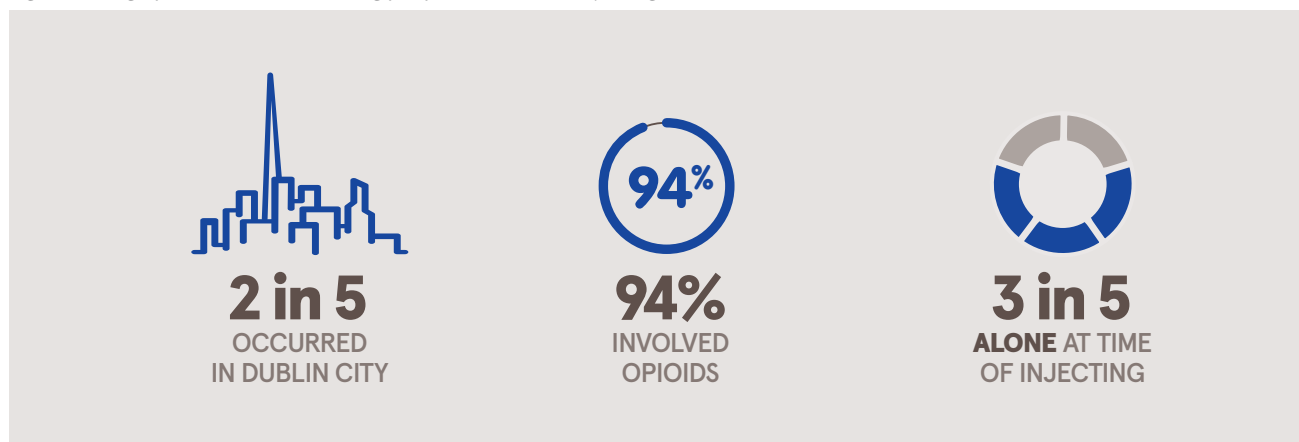
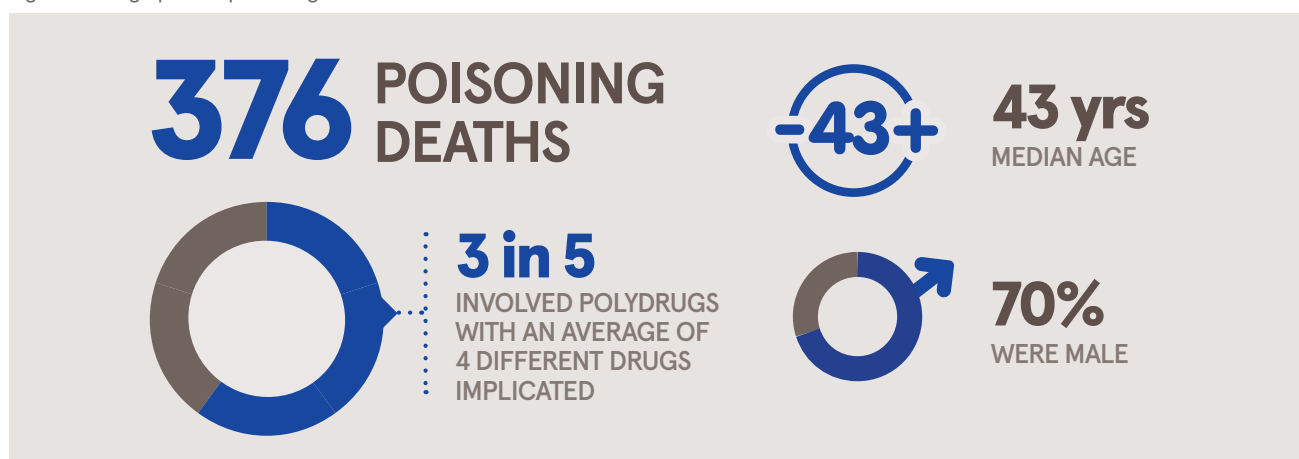


Figure 2: Infographic of poisoning deaths in 2017



Drug-related deaths, 2008–2017

continued

Polydrug poisonings in 2017

Taking a cocktail of drugs (polydrugs) can increase the risk of fatal overdose. The majority of poisoning deaths (58%) in 2017 involved polydrugs, with an average of four different drugs taken (see Figure 4).

- 51% (64) of deaths where alcohol was implicated involved other drugs, mainly opioids.

- 89% (85) of deaths where methadone was implicated involved other drugs, mainly benzodiazepines.
- 86% (66) of deaths where heroin was implicated involved other drugs, mainly benzodiazepines.
- All diazepam-related poisoning deaths (90) involved other drugs, mainly opioids.
- All alprazolam-related poisoning deaths (63) involved other drugs, mainly opioids.

Non-poisoning deaths in 2017

The number of non-poisoning deaths increased slightly, with 410 deaths in 2017 compared with 404 in 2016. Non-poisoning

Figure 3: Infographic of drugs implicated in poisoning deaths in 2017

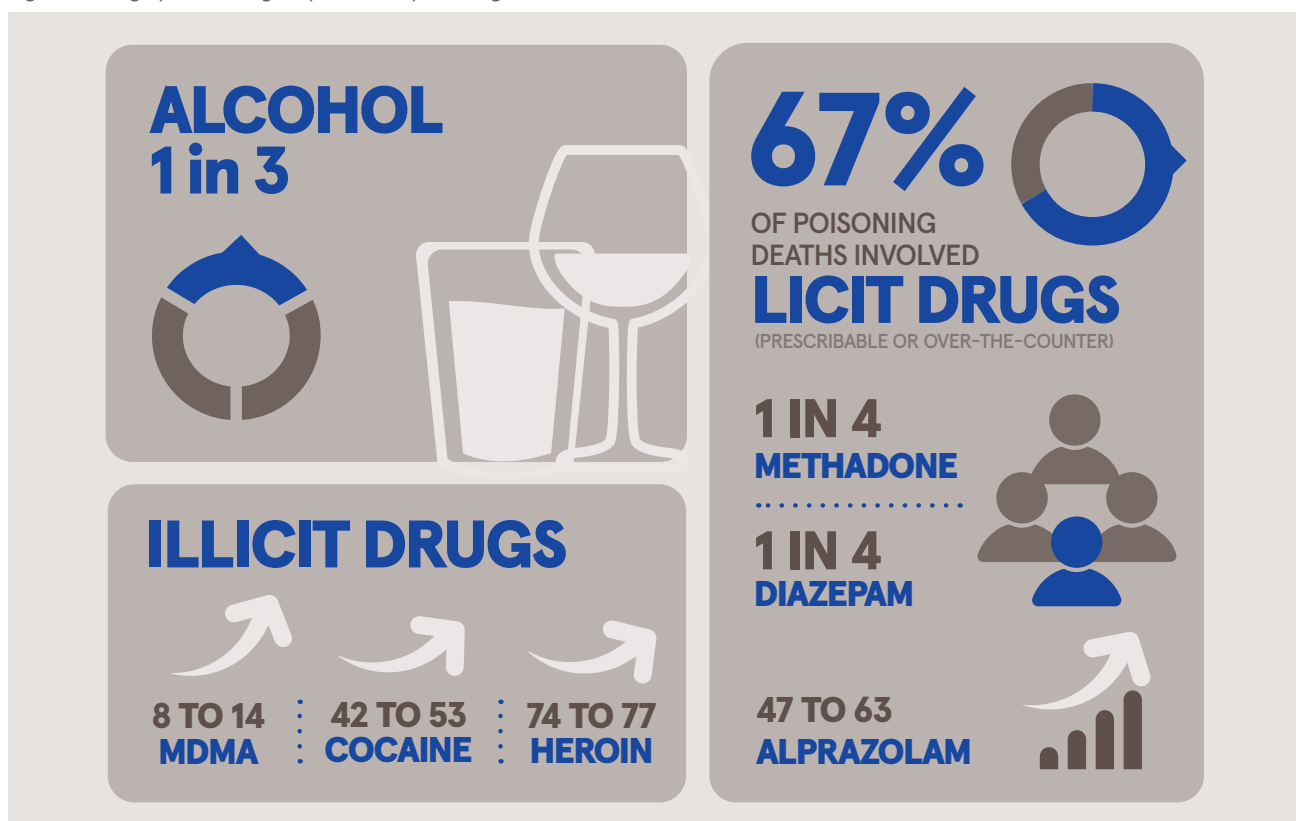
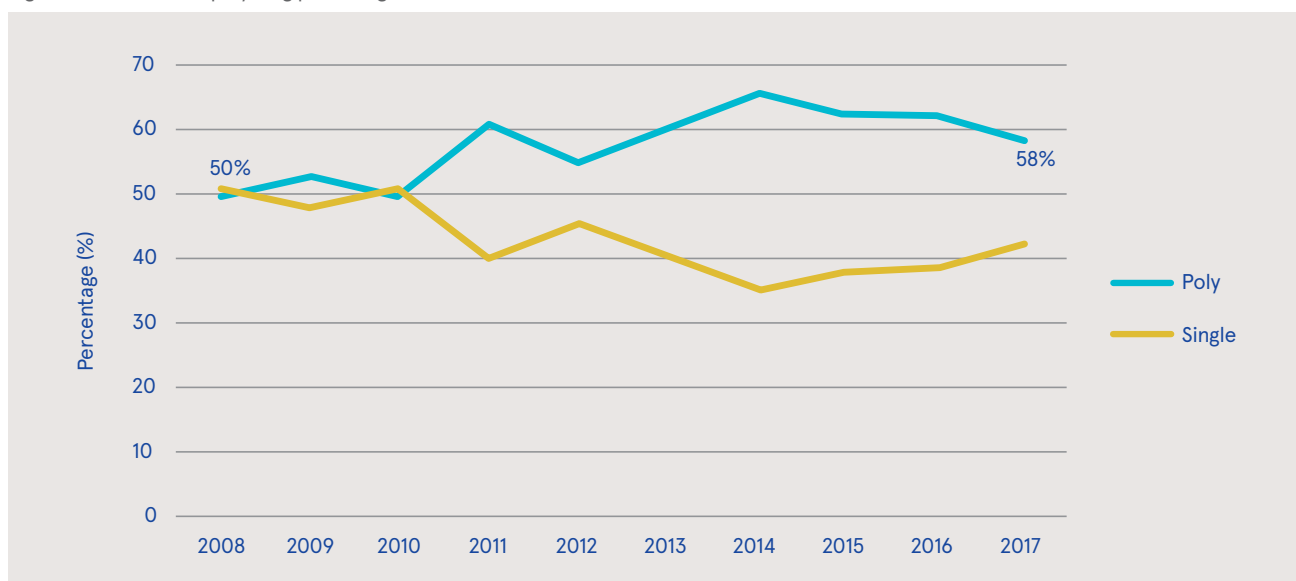


Figure 4: Evolution of polydrug poisonings, NDRDI, 2008–2017 (n=3715)



Drug-related deaths, 2008–2017

continued

deaths are categorised as being due to either trauma (n=196) or medical causes (n=214).

- The main causes of non-poisoning deaths categorised as trauma were hanging (114; 28%) and those categorised as medical were cardiac events (56; 14%).
- Six in every 10 (63%) people who died as a result of hanging had a history of mental health problems.
- The median age for deaths due to medical causes has increased from 42 years in 2008 to 49 years in 2017, which may indicate an ageing cohort of people who use drugs in Ireland.

Ena Lynn

- 1 Health Research Board (2019) *National Drug-Related Deaths Index 2008–2017 data*. Dublin: Health Research Board. <https://www.drugsandalcohol.ie/31275>
- 2 A number of infographics that outline key data are also available for download as well as tables outlining breakdown by county and by DATFA (Drug and Alcohol Task Force Area) (<https://www.hrb.ie/publications/publication/national-drug-related-deaths-index-2008-to-2017-data/returnPage/1/>). For further information, visit: <https://www.drugsandalcohol.ie/31275> and <https://www.hrb.ie/publications>

POLICY AND LEGISLATION

British–Irish Council in Dublin

On 15 November 2019, the 33rd British–Irish Council (BIC) summit was held in Dublin, part of which consisted of a ministerial meeting on health and social initiatives that relate to substance misuse. An Taoiseach Leo Varadkar hosted the summit at Farmleigh House in Dublin, with administration heads from Scotland, Wales, the Isle of Man, Jersey, Guernsey, and the British Government.¹

The BIC was established in 1999 as part of the Good Friday Agreement in order to further promote positive, practical relationships among the people of the islands as well as to provide a forum for consultation and cooperation.

The formal purpose of BIC, as outlined in Strand 3 of the Agreement, is:

To promote the harmonious and mutually beneficial development of the totality of relationships among the peoples of these islands.... The BIC will exchange information, discuss, consult and use best endeavours to reach agreement on co-operation on matters of mutual interest within the competence of the relevant Administrations.²

The BIC covers a number of formal areas of work, including the misuse of substances, for which the Irish Government is the lead administration.

As part of the summit, Minister for Health Simon Harris TD and Minister of State for Health Promotion and the National Drugs Strategy Catherine Byrne TD hosted a discussion on substance misuse with those responsible for health policy from the various delegations. The discussion explored the links between health and social initiatives and community policing as well as their long-term social and economic benefits to communities.

Participants shared experiences of initiatives within their own administrations. Participants from the travelling delegations also visited the Dublin North East Inner City Inclusion Health Hub. The hub houses a specialised general practitioner and nursing practice; the Health Service Executive Homeless Health-Link Team; the Homeless and Addiction Case Management Teams; and specialist maternity services for women in addiction. More details on the work of the BIC is available from its website: <https://www.britishirishcouncil.org/>

Lucy Dillon

- 1 British–Irish Council (2019) *33rd British–Irish Council Summit, Dublin: 15 November 2019 – Communiqué*. Edinburgh: British–Irish Council. <https://www.drugsandalcohol.ie/31383/>
- 2 A copy of the Good Friday Agreement can be found at <https://www.dfa.ie/media/dfa/alldfawebstimedia/ourrolesandpolicies/northernireland/good-friday-agreement.pdf>



At the British–Irish Council summit in Dublin in November 2019 were (L to R) Minister of State for Health Promotion and the National Drugs Strategy, Catherine Byrne TD; Joe FitzPatrick MSP, Minister for Public Health, Sport and Wellbeing in the Scotland Government; Deputy Heidi Soulsby, President of the Committee for Health and Social Care in the States of Guernsey; Simon Harris TD, Minister for Health; Hon David Ashford MHK, Minister for Health and Social Care in the Isle of Man; Baroness Blackwood, Parliamentary Under Secretary of State at the Department of Health and Social Care in the UK; and Julie Morgan AM, Deputy Minister for Health and Social Services in the Welsh Government

National Drugs Forum 2019

The theme of the 2019 National Drugs Forum was 'Inclusion Health: responding to complex health needs of people who use drugs'. Opening the forum, Minister of State with responsibility for Health Promotion and the National Drugs Strategy, Catherine Byrne TD, said:

There are people in our society who struggle with health problems but feel isolated and cannot access the help and support they need. Our shared goal must be to reach out and deliver better health outcomes for these people and, in particular, to make our health and social services more inclusive for those in addiction who may also have other complex needs.

The two keynote speakers at the forum made important contributions to our understanding of the concept of

inclusion health and the practical implications of configuring Ireland's healthcare services to meet the needs of its most vulnerable populations. Professor Andrew Hayward, director of UCL Institute of Epidemiology and Health Care, and Dr Cliona Ní Cheallaigh, consultant in infectious diseases and general medicine in St James's Hospital, Dublin, shared their experience from clinical work and their knowledge gained from academic work on the impact of inequality and marginalisation on health.

Design thinking

Following the keynote talks, the forum participants took part in an exercise called Design Thinking, which was used to frame group discussions around a few defined problems. Design thinking facilitates the generation of creative, problem-solving ideas. One of the hallmarks of the approach is that it is user-centred; it revolves around the needs of the individual service user, client, or stakeholder. The approach encourages divergent thinking and seeks to stimulate ideas that go beyond the obvious.

The participants in each group shared the knowledge and experience they have gained through working in various types

National Drugs Forum 2019

Inclusion Health:
Responding to Complex
Health Needs of People
Who Use Drugs



Croke Park Stadium
5 November 2019



National Drugs Forum continued

of services in an open discussion on a particular problem. The purpose was not necessarily to provide a solution to the problem, but to think creatively about it. Working through the problem in this way can help with the analysis of real, everyday problems in the workplace and provide pointers on how to work together with colleagues to solve them. Each group of forum participants worked on a particular scenario. The scenarios included a limited profile, or persona, of someone facing a particular problem. Before considering how to respond to the situation described in the scenario, the groups worked on developing the persona further to make it more meaningful.

The groups used a number of idea generation techniques to refine the ideas they came up with. They were asked to be expansive in their thinking and not to be overly concerned with possible obstacles or a lack of resources. There were five scenarios in all and, following each group's deliberations, a representative from each group joined others who had been working on the same scenario. These participants then compiled a workbook, representing a distillation of the discussions around each particular scenario. An account of the work of the forum participants is presented below.

Persona needs

The needs of each persona were arranged under functional, social, and emotional headings. Functional supports tend to focus on the type of services that would enable the persona to better understand and manage their own situation. While standard healthcare, child support, and family support services were frequently mentioned, a number of participants suggested that assistance with legal issues was important. This should cover interaction with the criminal justice system, family concerns, such as child custody, and welfare matters. It was seen as important that the persona did not suffer further financial disadvantage as a result of being unaware of entitlements; expert advice in this regard was frequently mentioned as an important resource.

Participants frequently mentioned the importance of helping to establish or re-establish social connections. The impact of loneliness on the persona's recovery capacity was frequently cited. Friendships and role models are important aspects of social support. Hobbies and sporting activities need to be encouraged, as these can help alleviate social isolation. Many of the emotional needs identified relate to, or overlap with, the social aspect. Negative emotions – such as guilt, shame, fear,



Dr Cliona Ní Cheallaigh

anxiety, trauma, self-stigma, and hopelessness – compound the persona's inability to build social connections. Reinforcing social values through, for instance, establishing connections with one's children, was frequently referred to. Relationship counselling and dealing with intrapersonal problems such as mistrust are often needed to establish a healthy emotional state. Emotional barriers compound other barriers to recovery and the feelings of being exhausted, in emotional pain, and powerless require focused responses. Many participants emphasised the need to feel safe and one underlined the importance of the persona's capacity to manage pain, restore autonomy, and establish feelings of self-worth.

Blue sky strategy

Under the 'create' heading, participants were asked to list a series of current activities that they would eliminate, reduce, or raise and identify new courses of action. The harmful consequences of working in silos were observed in a number of groups and there was an emphasis on the need for greater integration of services. Some noted that there was an overly medical approach to opiate use problems and there was a need to examine alternatives. Although it had already been identified as an issue under the 'barriers' heading, several groups stressed the importance of removing, or seeking to reduce, feelings of stigma among services users. From a service-level perspective, the time spent on administration, such as forms and dealing



Dr Cliona Ní Cheallaigh (left), keynote speaker with Minister of State with responsibility for Health Promotion and the National Drugs Strategy, Catherine Byrne TD, at the National Drugs Forum

National Drugs Forum continued

with insurance issues, was seen as a resource that took from more immediate work. There is a need to avoid duplicating services or competing for resources.

Integration of services was a common theme under the 'raise' heading in this part of the exercise. The need to combine different treatment modalities and knowledge in one setting through multidisciplinary working in case management, dual diagnosis services, and early intervention for adverse childhood experiences was mentioned. One specific idea that emerged was for a special case management service for people with complex and multiple needs. This service should be available throughout the country. Allied to this approach was the proposal for an inclusion hub that would enable a multidisciplinary team to provide both mental and physical health services together. Alongside this need for more consolidation and security, the importance of national evaluation frameworks and the development of a more rigorous research community was identified.

The treatment continuum, implied in the concept of recovery, and the key role of service users in designing this process is part of the aspiration for greater integration and consolidation. When considering the 'create' heading, many participants suggested expansion of services in different ways, including out-of-hours support and working on access to services. Information technology was a consistent theme, with the idea of an information hub, the use of apps, social media, online information, and online diary support mentioned. The interest in integrating services under the 'raise' heading is echoed under support for a one-stop arrangement where all services are gathered together in one physical location. Although it was not explicitly tied to the need to lessen the burden of stigma, a number of participants said that decriminalisation of drug possession for personal use would be an important step.

Concept board

Each group was asked to arrange their responses to the situation faced by the persona under mild, stretch, and wild descriptors. Developments that need a slight adjustment in

service delivery or additional effort on the part of policymakers would come under the mild category. Responses under this heading often mentioned family supports, which should include helping to deal with the young person at risk of deeper involvement in drug use or further harm, or preschool supports and the involvement of teachers in family support work. One suggestion was for a national community support service supporting community care managers. There would be a 'national brand' helping to challenge stigma and negative portrayals of the service user. Practical solutions such as a virtual hub, which would support teleconference work, was an idea put forward by the same group of participants. Access to the hub would be by self-referral and the client would identify their own needs. An app would give access to someone like a key worker regardless of where the person requiring the service lived. Access to a multidisciplinary team would eliminate the need to be physically present to avail of services.

Innovative solutions organised around families was the focus of some of the proposals. One was the notion of a 'foster family' for families, allowing them to stabilise their accommodation situation or resettle. The model of the au pair could be used to enable a mother to work on mentoring and companionships, while some of the day-to-day burdens of domestic responsibilities were lifted. Reconnection with children, supported by legal services, was also mentioned. The idea of a 'recovery village' was mentioned by one group but not explained in detail.

Inclusion health policy

The Department of Health is currently developing an inclusion health policy. It is considering the international evidence relating to the concept and how the experience of implementing programmes based on inclusion health can inform policy in Ireland. Making use of experience and understanding the perspective of both service providers and potential service users will be a key component of the development of policy in this area. The ideas generated through the design-thinking exercise at the National Drugs Forum will form part of the learning on which this important policy initiative will be based.

Brian Galvin



At the National Drugs Forum in Croke Park were (L to R) Mr Jim Walshe, Principal Officer, Drugs Policy Unit, Department of Health; Dr Clíona Ní Cheallaigh, St James's Hospital; Minister of State for Health Promotion and the National Drugs Strategy, Catherine Byrne TD; Dr Peter Robbins, Dublin City University, who led the design-thinking exercise; and Professor Andrew Hayward, Director of the Institute of Epidemiology and Health Care at University College London

PREVALENCE AND CURRENT SITUATION

Drug treatment in Ireland 2012–2018

Published in November 2019, the latest National Drug Treatment Reporting System (NDTRS) drug bulletin presents trends in treated problem drug use (excluding alcohol) for the seven-year period from 2012 to 2018.^{1,2}

Key findings

Over the period, 65,216 cases treated for problem drug use were reported to the NDTRS.³ In 2018, the NDTRS recorded 10,274 treated cases, an increase from 8,005 in 2012 (see Table 1).⁴ New cases (never previously treated) accounted for 40.9% of cases in 2012 and 38.6% in 2018. Previously treated cases accounted for 56.4% of cases in 2012 and 57.2% in 2018. In 2018, almost two-thirds (65.4%) of cases were treated in outpatient facilities (as in previous years), 13.5% of cases were treated in inpatient facilities, 10.5% in prisons, 8.6% in low-threshold services, and 2% by general practitioners (see Table 2).

Main problem drug

Opioids (mainly heroin) were the main problem drug reported in 2018 and over the period. As a proportion of all cases treated, opioids decreased year-on-year from 52% in 2012 to 42.3% in 2018 (see Table 3).

Cannabis remains the second most common main drug reported over the period. The proportion of cases treated decreased from 28.6% in 2012 to 23% in 2018.

Cocaine was the third most common main drug reported, accounting for 21.9% of cases in 2018. The number of cases treated for cocaine increased year-on-year from 2013 (708 cases) to 2018 (2,254 cases), an increase of 218%. The most significant yearly increase in the number of cases presenting with cocaine as a main problem occurred between 2017 (1,500 cases) and 2018 (2,254 cases), an increase of 50.3%.

In 2018, cannabis (38%) was the most common main problem drug reported by new entrants to treatment, followed by cocaine (31.1%) and opioids (18.1%) (see Table 3). Cocaine represented 31.1% of new cases in 2018, as compared with 9.1% in 2012.

Table 1: Number of cases treated for problem drug use, by treatment status, NDTRS 2012–2018

	2012		2013		2014		2015		2016		2017		2018	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
All cases	8005		9006		9890		9892		9227		8922		10 274	
New cases	3272	40.9	3475	38.6	3776	38.2	3742	37.8	3526	38.2	3257	36.5	3962	38.6
Previously treated cases	4518	56.4	5239	58.2	5643	57.1	5855	59.2	5335	57.8	5242	58.8	5872	57.2
Treatment status unknown	215	2.7	292	3.2	471	4.8	295	3.0	366	4.0	423	4.7	440	4.3

Table 2: Number of cases treated for problem drug use, by type of service provider, NDTRS 2012–2018

	2012		2013		2014		2015		2016		2017		2018	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
All cases	8005		9006		9890		9892		9227		8922		10 274	
Outpatient	5299	66.2	5998	66.6	6251	63.2	5818	58.8	5481	59.4	5610	62.9	6715	65.4
Inpatient*	1124	14.0	1233	13.7	1348	13.6	1779	18.0	1885	20.4	1757	19.7	1384	13.5
Low threshold	711	8.9	812	9.0	1190	12.0	1197	12.1	886	9.6	792	8.9	887	8.6
Prison	642	8.0	747	8.3	844	8.5	827	8.4	737	8.0	651	7.3	1082	10.5
General practitioner	229	2.9	216	2.4	257	2.6	271	2.7	238	2.6	112	1.3	206	2.0

* Includes any service where the client stays overnight, e.g. inpatient detoxification, therapeutic communities, respite, and step-down.

Drug treatment in Ireland 2012–2018

continued

Table 3: Main problem drug (excluding alcohol) reported in 30 days prior to treatment, NDTRS 2012–2018

	2012		2013		2014		2015		2016		2017		2018	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
All cases	8005		9006		9890		9892		9227		8922		10 274	
Opioids	4164	52.0	4625	51.4	4948	50.0	4732	47.8	4341	47.0	4016	45.0	4349	42.3
Cannabis	2290	28.6	2583	28.7	2730	27.6	2786	28.2	2439	26.4	2200	24.7	2358	23.0
Cocaine	666	8.3	708	7.9	853	8.6	1026	10.4	1138	12.3	1500	16.8	2254	21.9
Benzodiazepines	636	7.9	810	9.6	953	9.6	873	8.8	897	9.7	868	9.7	999	9.7
Z-drugs*	43	0.5	73	0.8	155	1.6	154	1.6	103	1.1	82	0.9	48	0.5
NPS	34	0.4	46	0.5	71	0.7	85	0.9	72	0.8	51	0.6	48	0.5
MDMA (ecstasy)	47	0.6	44	0.5	56	0.6	51	0.5	53	0.6	44	0.5	34	0.3
Amphetamines	50	0.6	54	0.6	58	0.6	63	0.6	55	0.6	40	0.4	57	0.6
Volatile inhalants	21	0.3	13	0.1	15	0.2	15	0.2	11	0.1	6	0.1	10	0.1
Other	54	0.7	50	0.6	51	0.5	107	1.1	118	1.3	115	1.3	117	1.1
New cases	3272		3475		3776		3742		3526		3257		3962	
Cannabis	1499	45.8	1633	47.0	1696	44.9	1693	45.2	1452	41.2	1272	39.1	1505	38.0
Cocaine	297	9.1	320	9.2	425	11.3	513	13.7	568	16.1	748	23.0	1232	31.1
Opioids	1059	32.4	1034	29.8	1036	27.4	971	25.9	950	26.9	809	24.8	719	18.1
Benzodiazepines	279	8.5	345	9.9	419	11.1	340	9.1	353	10.0	290	8.9	345	8.7
Other	24	0.7	28	0.8	26	0.7	56	1.5	55	1.6	42	1.3	59	1.5
MDMA (ecstasy)	32	1.0	27	0.8	37	1.0	31	0.8	39	1.1	29	0.9	18	0.5
Z-drugs	19	0.6	22	0.6	58	1.5	46	1.2	41	1.2	22	0.7	17	0.4
NPS	20	0.6	25	0.7	43	1.1	53	1.4	36	1.0	21	0.6	25	0.6
Amphetamines	27	0.8	32	0.9	30	0.8	33	0.9	24	0.7	19	0.6	34	0.9
Volatile inhalants	16	0.5	9	0.3	6	0.2	6	0.2	8	0.2	~	0.2	8	0.2

* Z-drugs are non-benzodiazepine hypnotic sedative drugs, e.g. zolpidem and zopiclone.

NPS: New psychoactive substances.

~ Cells with five cases or less.

Drug treatment in Ireland 2012–2018 continued

Polydrug use

Over the period 2012–2018, six in 10 cases (59.5%) reported polydrug use (i.e. problem use of more than one drug). The proportion of cases with polydrug use decreased from 61.5% in 2012 to 53.4% in 2018 (see Table 4). Alcohol (37.4%), benzodiazepines (36.2%), cannabis (35.3%), and cocaine (29.5%) were the most commonly reported additional drugs in 2018.

Risk behaviour

The proportion of all cases that had ever injected decreased from 36% in 2012 to 26.7% in 2018 (a decrease of 142 cases over the period). Among new cases, the proportion that reported ever injecting decreased from 18% in 2012 to 7.9% in 2018. The proportion of all cases currently injecting (i.e. in the 30 days prior to treatment) decreased from 35.6% in 2012 to 29.7% in 2018.

Sociodemographic characteristics

The following sociodemographic characteristics of the cases were noted:

- Seven in every 10 cases reported over the period were male.
- The median age of cases when entering treatment increased from 28 years in 2012 to 31 years in 2018.
- Under 18s accounted for 8.4% of cases in 2012 and 7.1% in 2018.

- Cases recorded as homeless increased in proportion, from 5.8% in 2012 to 9.5% in 2018.
- The proportion of cases with an Irish Traveller ethnicity was 2.8% in 2012 and 3.3% in 2018.
- A large proportion of cases (61.9%) were unemployed in 2018, as in previous years.
- The proportion of cases in paid employment increased from 7.2% in 2012 to 16.9% in 2018.

Sociodemographic characteristics of cases – cocaine as main problem

The following sociodemographic characteristics of cases with cocaine as a main problem were noted:

- Eight in 10 cases reported over the period were male.
- The proportion of female cases increased from 18% in 2012 to 20.1% in 2018.
- The median age of cases when entering treatment increased from 29 years in 2012 to 30 years in 2018.
- Under 18s accounted for 1.4% of cocaine cases in 2012 and 1.7% in 2018.
- The proportion of cases in paid employment increased from 15.8% in 2012 to 35% in 2018.
- Cases with polydrug use decreased in proportion, from 76.6% in 2012 to 56.1% in 2018.
- In 2018, the most common additional substances were alcohol (56%), cannabis (47.8%), and benzodiazepines (23.8%).

Table 4: Polydrug use in cases treated for problem drug use, NDTRS 2012–2018

	2012		2013		2014		2015		2016		2017		2018	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
All cases	8005		9006		9890		9892		9227		8922		10 274	
One drug only	3083	38.5	3340	37.1	3993	40.4	3872	39.1	3524	38.2	3816	42.8	4787	46.6
Two or more drugs	4922	61.5	5666	62.9	5897	59.6	6020	60.9	5703	61.8	5106	57.2	5487	53.4

Cathy Kelleher

- 1 The NDTRS is the national epidemiological surveillance system that reports on treated problem drug and alcohol use in Ireland. Established in 1990, the NDTRS is maintained by the National Health Information Systems (NHIS) of the Health Research Board (HRB) on behalf of the Department of Health.
- 2 Health Research Board (2019) National Drug Treatment Reporting System 2012–2018 drug data. Dublin: Health Research Board. Available online at: <http://www.drugsandalcohol.ie/30969> and at <http://www.hrb.ie/publications>. Alcohol figures are published in a separate bulletin.
- 3 The data reflect the number of entries into treatment in a calendar year, rather than the number of persons treated in that year.
- 4 The number of services participating in the NDTRS varies annually, making small fluctuations in the numbers of cases difficult to interpret. Overall, coverage of services was 69.5% for 2018.

NDTRS drug and alcohol treatment data for 2004–2018 available online

Drug and alcohol treatment data for 2004–2018 from the National Drug Treatment Reporting System (NDTRS) are now available online through the Health Research Board (HRB) National Drugs Library website at <http://www.drugsandalcohol.ie/tables/>. The NDTRS is a health information system that collects anonymous information about drug and alcohol treatment episodes in Ireland.

The online database contains 14 years of treatment data that can be searched using interactive tables to produce customised reports. Variables available for analysis include year, age, treatment status, gender, geographical region of residence

(county, Health Service Executive (HSE) region, local health office, local or regional drug and alcohol task force area). The interactive tables now enable the grouping of results by primary categories and secondary categories based on variables such as source of referral, employment status, living status, type of accommodation, education, polysubstance use, and injecting.

When interpreting the data, it should be noted that each NDTRS record relates to a treatment episode (a case) and not to a person. As there is currently no unique health identifier system in place in Ireland, the same person can be counted more than once in a reporting year if they had more than one treatment episode in that year.

Before using the interactive tables, you will be asked to read and accept some terms and conditions. These include an undertaking not to publish tables where any individual cell contains less than five cases; to acknowledge the NDTRS as the source of data, and to provide the HRB National Drugs Library¹ with copies of all documents in which NDTRS data are used.

Cathy Kelleher

1 For further information on the interactive tables, email: drugslibrary@hrb.ie

Alcohol and drug use among young people and adolescents in Ireland – results from My World and Growing Up in Ireland surveys

Two recent surveys provide an insight into alcohol and drug use among young people in Ireland. My World Survey 2 (MWS-2),¹ developed by University College Dublin (UCD) and Jigsaw, the National Centre for Youth Mental Health, is a comprehensive study of young people's mental health and wellbeing and a follow-up to the 2012 My World Survey 1 (MWS-1).²

The survey population for MWS-2 was 19,407 and consisted of 10,459 adolescents (aged 12–19 years) from 83 secondary schools and 8,290 young adults aged 18–25 years in third-level education or employment. Seldom-heard young adults included 314 young people in Youthreach, 292 young people in Colleges of Further Education (CFE)/community training, and 52 young people with physical disabilities. Of the adolescent participants, 56% were female, as were 69% of the young adult participants.

Since 2006, the Growing Up in Ireland (GUI) survey, a national

longitudinal study of children and young people, has followed a cohort of children born in 1998. Four waves of interviews have been conducted with this cohort, when they were aged 9, 13, 17–18, and 20 years old. The most recent report presents the findings of 5,191 interviews of the 20-year-olds, which were conducted in 2018 and 2019.³

My World Survey results

The AUDIT (Alcohol Use Disorders Identification Tool),⁴ a 10-item tool used to screen for harmful and hazardous drinking, was used to classify young people into one of four categories of drinkers: low risk; problem drinking; harmful and hazardous drinking; and possible alcohol dependence. Drug use was assessed with the Drug Abuse Screen Test (DAST), a 10-item self-report instrument that assesses drug use in the past 12 months.

Key findings Adolescents

- 57% of adolescents had never drunk alcohol, compared with 49% of adolescents in MWS-1.
- The adolescents who did drink alcohol reported engaging in more problematic drinking than adolescents in MWS-1 (see Figure 1).
- Similar to MWS-1, problematic alcohol use was significantly associated with more severe feelings of anxiety and depression among adolescents.
- Of note, adolescents who reported having made a suicide attempt presented with significantly higher levels of problematic drinking and were also more likely to have smoked cannabis.
- 15% (18% males vs 13% females) reported that they had smoked cannabis.
- The reported use of cannabis in first year of secondary

My World and Growing Up in Ireland surveys continued

school was 3%; this increased to 27% in fifth year and 36% in sixth year.

- Of those who reported having smoked cannabis, 43% reported that they were aged 15 years or younger when they first tried cannabis.

Young adults

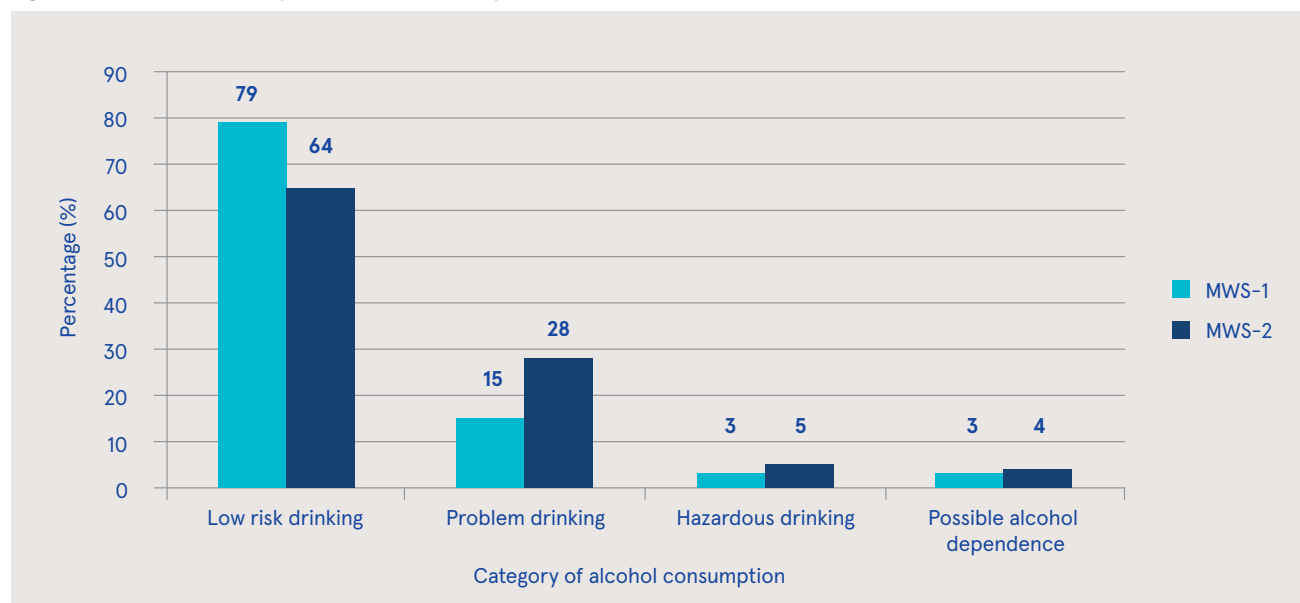
- Some 10% of young adults reported having never drunk alcohol, compared with 7% in MWS-1.
- Of the young adults who reported drinking, 47% were in the low-risk drinking range, 39% were classified as problem drinkers, 8% as harmful and hazardous drinkers, and 6% as having possible alcohol dependence.
- Young males were less likely to be in the low-risk drinking range (45% vs 50% females) and more likely to be in the hazardous range (9% vs 6%) and the possible alcohol dependence range (8% vs 6%).
- The proportion of problem drinkers in the problematic, hazardous, and possible alcohol dependence categories was significantly lower among young adults in MWS-2 compared with MWS-1.
- Similarly to MWS-1, the findings from MWS-2 also demonstrated a significant association between problematic alcohol use and depression and anxiety.
- Problematic drinking patterns were also significantly associated with lower levels of family support, but not friend support, among young adults.
- Young adults who made a suicide attempt were more likely to be in the possible alcohol dependence category, while young males who reported a suicide attempt were more likely to be in the hazardous or harmful drinking category and were more likely to be in the moderate/substantial/severe categories for drug abuse.

- 53% of young adults (59% males vs 50% females) reported that they had smoked cannabis in their lifetime. Of those who reported ever smoking cannabis, 83% reported first trying cannabis between 15 and 19 years.
- 40% reported that they had used drugs other than those required for medical reasons.
- According to the DAST cut-off points, 49% of young adults presented with no drug problems, 37% fell into the low level, 10% were in the moderate level, 2% were in the substantial level, and 1% were in the severe level for drug problems.
- Problematic drug use was significantly associated with severe depression and very severe anxiety.

Seldom-heard group

- There was no significant difference between Youthreach and the young adult or adolescent sample in terms of alcohol behaviour, with 46% in the low-risk drinking range, 39% in the problem drinking range, 11% in the harmful and hazardous drinking range, and 5% in the possible alcohol dependence range.
- Similarly, there was no significant difference between the CFE/community training group and the young adult or adolescent sample in terms of alcohol behaviour, with 47% in the low-risk drinking range, 32% in the problem drinking range, 11% in the harmful and hazardous drinking range, and 10% in the possible alcohol dependence range.
- There was no significant difference in alcohol behaviour between young people with a physical disability and the young adult or adolescent samples, with 57% in the low-risk drinking range, 21% in the problematic drinking range, 14% in the harmful and hazardous drinking range, and 7% in the possible alcohol dependence range.
- Associations between alcohol behaviour and mental health or substance use were not reported for the seldom-heard group.
- 45% of young people in Youthreach reported having used drugs, other than those required for medical reasons,

Figure 1: Alcohol behaviour by wave, in those who reported to have drunk alcohol



Source: My World Survey 2, p. 119

My World and Growing Up in Ireland surveys continued

and 66% reported having smoked cannabis, which was significantly higher than the young adult or adolescent sample.

- Those in the CFE/community training group and those with a physical disability were less likely to report having used drugs, other than those required for medical reasons, than the young adult or adolescent sample.

Growing Up in Ireland results

The GUI reports on the frequency of alcohol use and the age of first use. It also contains a number of questions on cannabis and other drugs.

Key findings

- 96% of 20-year-olds reported that they had ever consumed alcohol, while 93% reported that they currently drank alcohol.
- On average, respondents were 15.9 years old when they had their first alcoholic drink.
- One-quarter (24%) consumed alcohol at least twice weekly.
- At the age of 13 years, just 15% of the sample had ever consumed alcohol, but that figure increased to 89% by the age of 17/18 years.
- 59% of all 20-year-olds reported that they had tried cannabis: 26% said they had tried cannabis once or twice, 18% took it occasionally, 6% took it more than once a week, and 9% did not take cannabis anymore.
- The percentage who ever tried cannabis increased markedly as the young people moved through their teens: 1% had tried cannabis by age 13; 30% had tried it by age 17/18; and 59% had tried it by age 20.
- In relation to other illicit drug use (e.g. ecstasy and cocaine), 13% reported that they had tried them less than five times, while 15% said they had done so five or more times.
- 9% had used prescription drugs for recreational use.

Conclusions

In terms of alcohol use, the findings indicate that more young people are abstaining from alcohol. However, for adolescents who do drink, they engaged in riskier alcohol behaviour than previously reported. Most young people had engaged in at least one occasion of illicit drug use in their lifetime. Six in 10 young people had tried cannabis at least once, with a considerable minority engaging in occasional or weekly use. Almost three in 10 young adults reported having tried other illicit drugs such as cocaine and ecstasy. Significant associations were found between alcohol and illicit drug use and anxiety and depression, indicating a relationship between substance use and poorer mental wellbeing among young people in Ireland. Alcohol use was also strongly associated with illicit drug use, indicating evidence for polydrug use among young people.

Claire O'Dwyer and Deirdre Mongan

- 1 Dooley B, O'Connor C, Fitzgerald A and O'Reilly A (2019) *My World Survey 2: the national study of youth mental health in Ireland*. Dublin: UCD and Jigsaw. <https://www.drugsandalcohol.ie/31343/>
- 2 Dooley B and Fitzgerald A (2012) *My World Survey: national study of youth mental health in Ireland*. Dublin: Headstrong, National Centre for Youth Mental Health / UCD School of Psychology. <https://www.drugsandalcohol.ie/17589/>
- 3 Economic and Social Research Institute (ESRI) and Trinity College Dublin (TCD) (2019) *Growing Up in Ireland. Wave 4 at 20-years*. Dublin: ESRI, TCD and Department of Children and Youth Affairs. <https://www.drugsandalcohol.ie/31381/>
- 4 Saunders JB, Aasland OG, Babor TF, de La Fuente JR and Grant M (1993) Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption-II. *Addiction*, 88(6): 791-804.

Alcohol treatment figures from the NDTRS, 2012–2018

The National Drug Treatment Reporting System (NDTRS) is a national surveillance database on treatment for problem drug and alcohol use in Ireland. In November 2019, the NDTRS published its latest alcohol treatment figures, which cover the seven-year period 2012–2018. Over this period, 54,263 cases were treated for alcohol as a main problem.¹

Key findings

The number of cases decreased to 7,464 in 2018 from a high of 8,609 in 2012. In 2018, there was a small increase in cases, from 7,350 in 2017. The proportion of new cases treated (those never before treated for problem alcohol use) decreased from 48.2% in 2012 to 43.3% in 2018 (see Table 1). The proportion of previously treated cases decreased slightly over the reporting period from 50.6% in 2012 to 49.6% in 2018.

It is important to note that each case in the NDTRS database relates to a treatment episode and not to a person. This means that the same person may be counted more than once in the same calendar year, if that person had more than one treatment episode in that year.

Case characteristics

In 2018, as in previous years, over one-half (54.8%) of cases were treated in outpatient facilities (see Table 2). In addition, almost 4 in 10 cases (37.4%) were treated in residential settings, again similar to previous years.

The 2018 data show that the median age to start drinking for cases in treatment for problem alcohol use was 15 years, a trend that has remained steady over the seven-year reporting period. Over this period, the proportion of cases classified as dependent increased from 55.7% in 2012 to 71% in 2018. Dependent means that a person feels that they are unable to function without alcohol and the consumption of alcohol becomes an important – or sometimes the most important – factor in their life.² A significant finding of the analysis was that in 2018 approximately two-thirds (65.6%) of new cases were classified as alcohol-dependent.

The median age of treated cases increased over the seven-year period from 40 years in 2012 to 41 years in 2018. The median age of new cases also continued to rise from 37 years in 2012 to 39 years in 2018.

In 2018, over one-half (50.7%) of cases were unemployed, while the proportion of cases recorded as homeless increased from 5.6% in 2012 to 9.6% in 2018. Also, in 2018, 1.9% of cases identified as Irish Traveller.³

One in five cases treated for problem alcohol use (21.5%) reported problem use of more than one substance (polydrug use) in 2018. Cannabis (58.6%) was the most common additional drug reported in 2018, followed by cocaine (48.2%) and then benzodiazepines (23.4%). Cocaine increased from 28.1% in 2012 to 48.2% in 2018.

Case gender, 2018

The majority of cases in 2018 were male (64.5%), similar to previous years. The median age of treated cases for females (43 years) is higher than for males (40 years). This is further reflected in the median age for new cases entering treatment (males 39 years vs females 42 years). Females also account for a higher proportion of cases in treatment aged 50 years or over

Table 1: Number of cases with alcohol as a main problem, by treatment status, NDTRS 2012–2018

	2012		2013		2014		2015		2016		2017		2018	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
All cases	8609		7819		7760		7618		7643		7350		7464	
New cases	4149	48.2	3708	47.4	3772	48.6	3553	46.6	3678	48.1	3500	47.6	3230	43.3
Previously treated cases	4353	50.6	3932	50.3	3807	49.1	3948	51.8	3783	49.5	3652	49.7	3705	49.6
Treatment status unknown	107	1.2	179	2.3	181	2.3	117	1.5	182	2.4	198	2.7	529	7.1

Table 2: Number of cases in treatment with alcohol as a main problem, by type of service provider, NDTRS 2012–2018

	2012		2013		2014		2015		2016		2017		2018	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
All cases	8609		7819		7760		7618		7643		7350		7464	
Outpatient	4510	52.4	4221	54.0	4133	53.3	4018	52.7	4005	52.4	3894	53.0	4087	54.8
Inpatient*	3309	38.4	2809	35.9	2803	36.1	2916	38.3	2994	39.2	2949	40.1	2792	37.4
Low threshold	519	6.0	521	6.7	605	7.8	480	6.3	495	6.5	436	5.9	451	6.0
Prison	271	3.1	268	3.4	219	2.8	204	2.7	149	1.9	71	1.0	134	1.8

* Includes any service where the client stays overnight, e.g. inpatient detoxification, therapeutic communities, respite, and step-down.

Alcohol treatment figures from the NDTRS, 2012–2018 continued

(30.6%) than males aged 50 years or over (25.1%). Homelessness was more prevalent among males (11.6%) than females (5.8%).

In 2018, 73.4% of males were classified as alcohol-dependent, as compared with 66.8% of females.

The proportion of cases with an additional other problem drug was higher for males (24.1%) than for females (16.7%). The four most common additional drugs (cannabis, cocaine, benzodiazepines, and opioids) for cases in alcohol treatment are the same for both males and females. There are, however, differences in the proportion reporting use of these drugs based on gender.

Conclusion

The findings of this bulletin can be used to inform research, policy, and practice in the area of alcohol addiction and treatment in Ireland.

Ita Condron

- 1 Health Research Board (2019) *National Drug Treatment Reporting System 2012–2018 alcohol data*. Dublin: Health Research Board. <https://www.drugsandalcohol.ie/30970>
- 2 Health Service Executive (2019) Alcohol dependence. For further information, visit: <https://www2.hse.ie/wellbeing/alcohol/dependence/signs-and-patterns.html>
- 3 Based on the 2016 Census, the proportion of Irish Travellers in the general population is 0.7% (Central Statistics Office, 2019). For further information, visit: <https://www.cso.ie/en/releasesandpublications/ep/p-cp8iter/p8iter/p8e/>

Repeated cross-sectional study of factors associated with pregabalin-positive poisoning deaths in Ireland

Introduction

Pregabalin is a prescribed medication licensed in Europe for use in the treatment of epilepsy, neuropathic pain, and generalised anxiety disorder.¹ However, the pharmacokinetic properties of pregabalin, which include its rapid absorption, fast onset of its relaxant and sedative effects, and its reduced withdrawal symptoms, can lead to the potential risk of misuse. As outlined in a previous *Drugnet Ireland* article,² in Ireland, the rates of prescribing pregabalin have increased in line with an increase in poisoning deaths, where pregabalin was present on toxicology.

The increasing use of pregabalin and its presence in poisoning deaths, particularly with opioids, highlight it as a potential drug of abuse. Misuse of pregabalin has been reported, especially among people with a history of opioid misuse,^{3,4} people in opioid substitution treatment,⁵ and people in prisons.⁶ A recent Irish study, using data from the National Drug-Related Deaths Index (NDRDI), examined factors associated with pregabalin-positive poisoning deaths (PPPD) between 2013 and 2016.⁷

Methods

Data for this study were extracted from the NDRDI. The NDRDI's definition of a poisoning death is a death directly due to the toxic effect of one or more substances on the body. For this study, PPPD included all poisoning deaths where pregabalin was present on the toxicology report, with years of death 2013–2016 inclusive as the observation period. Analysis included univariate and multivariate logistic regression to estimate unadjusted and

adjusted odds ratios (OR) and 95% confidence intervals (CI) for factors associated with PPPD (primary outcome) by logistic regression models for the total sample and stratified by gender.

Results

Pregabalin

Pregabalin was present on 240 (16%) toxicology reports of 1,489 poisoning deaths, significantly rising from 18 (5%) in 2013 to 94 (27%) in 2016. While the total number of poisoning deaths appeared to decrease over the reporting period, there was an increase in PPPD (see Table 1). Women, opioid misuse, being in receipt of treatment for problem drug use, and year of death (2016 vs 2013) were associated with increased odds of PPPD. Alcohol dependence was associated with reduced odds of PPPD. Analysis was then stratified by gender. For men, opioid misuse, being in receipt of treatment for problem drug use, and year of death were associated with increased odds of PPPD, while alcohol dependence was associated with reduced odds of PPPD. For women, being in receipt of treatment for problem drug use and year of death were associated with increased odds of PPPD.

Polydrugs

Polydrugs were present on the toxicology reports of all PPPD (n=240). Almost all (234, 97.5%) had a positive toxicology report for other central nervous system (CNS) depressant drugs, mainly opioids (211, 88%), followed by benzodiazepines (207, 86%) and alcohol (58, 24%). Methadone (122, 51%) was the main opioid reported in PPPD, followed by heroin (44, 18%). The odds of opioid drugs being present on toxicology reports (versus none) were 6.54 times more likely for PPPD than pregabalin-negative poisoning deaths (PNPD), with the odds for women twice that for men.

Two or more other CNS depressant drugs were present in the majority (205, 85%) of PPPD toxicology reports. The odds of two or more CNS depressant drugs being present on toxicology reports (versus none) were 10.38 times more likely for PPPD compared with PNPD, with the odds for women three times that for men. This is significant as pregabalin can exacerbate the side-effects of CNS depressant drugs, and with multiple CNS depressant drugs present in PPPD, the synergistic effect of the combination of these drugs increases the risk of death.

Pregabalin-positive poisoning deaths in Ireland continued

The odds of antidepressant drugs present on toxicology (versus none) were 5.49 times more likely for PPPD than PNP; for antipsychotic drugs, the odds ratio was 3.82; and for Z-drugs it was 2.74. The presence of cocaine on toxicology reports was not statistically significantly associated with PPPD.

Conclusions

The authors conclude that the study findings suggest the inappropriate use of pregabalin among those who are known to misuse opioids and those in receipt of treatment for problematic drug use. More guidance and training for prescribers and treatment providers as well as the development of policies, including consideration given to scheduling pregabalin as a controlled drug, is recommended to better inform the public and medical practitioners of the potential harm due to 'off label' prescribing and of inappropriate use of pregabalin.

Close monitoring of prescribing practices, diversion, and misuse of pregabalin, especially among those who use opioids and within the treatment setting in Ireland, is urgently required. Any treatment with pregabalin should be subject to regular

review with caution adhered to when considering prescribing pregabalin to women who are taking other drugs, especially CNS depressants. In Ireland, the nationwide implementation of an ePrescription system would assist in this process. In addition, an ePrescription system would help prevent people altering prescriptions or receiving multiple private prescriptions from different medical practitioners.

Ena Lynn

- 1 European Medicines Agency (2019) *Pregabalin: summary of product characteristics*. Amsterdam: European Medicines Agency. Available online at: http://web.archive.org/web/20190613071438/https://www.ema.europa.eu/en/documents/product-information/lyrica-epar-product-information_en.pdf
- 2 Lynn E (2019) Has an increase in the dispensing of pregabalin influenced poisoning deaths in Ireland? *Drugnet Ireland*, 71: 15–17. <https://www.drugsandalcohol.ie/31455/>
- 3 Lyndon A, Audrey S, Wells C, Burnell ES, Ingle S, Hill R, *et al.* (2017) Risk to heroin users of polydrug use of pregabalin or gabapentin. *Addiction*, 112(9): 1580–89.
- 4 United Nations Office on Drugs and Crime (2019) *World drug report 2019. Booklet 3: Depressants*. Vienna: United Nations Office on Drugs and Crime. <https://www.drugsandalcohol.ie/30717/>
- 5 McNamara S, Stokes S, Kilduff R and Shine A (2015) Pregabalin abuse amongst opioid substitution treatment patients. *Ir Med J*,

Table 1: Factors significantly associated with PPPD, 2013–2016 (n=1489)

Factors (reference category)	All poisoning deaths		Men		Women	
	PNPD	PPPD	Unadjusted model	Adjusted model	Adjusted model	Adjusted model
Gender						
Women	356	111 (24%)	2.16 (1.63–2.86)***	2.69 (1.95–3.70)***		
Men(ref)	893	129 (13%)	1.00	1.00		
Year of death						
2013(ref)	382	18 (5%)	1.00	1.00	1.00	1.00
2014	382	53 (14%)	3.33 (2.04–6.18)***	3.62 (2.04–6.42)***	4.46 (2.00–10.05)***	2.74 (1.18–6.34)*
2015	290	75 (21%)	5.49 (3.21–9.39)***	5.55 (3.20–9.66)***	5.14 (2.28–11.56)***	6.05 (2.76–13.26)***
2016	260	94 (27%)	7.67 (4.52–13.01)***	7.95 (4.58–13.79)***	11.01 (5.02–24.14)***	5.24 (2.35–11.69)***
History of alcohol dependency						
Yes	360	48 (12%)	0.62 (0.44–0.87)**	0.59 (0.41–0.85)**	0.45 (0.27–0.76)**	0.84 (0.48–1.47)
No(ref)	889	192 (18%)	1.00	1.00	1.00	1.00
History of opioid misuse						
Yes	553	160 (22%)	2.52 (1.88–3.37)***	1.74 (1.17–2.59)**	1.83 (1.09–3.08)*	1.56 (0.81–3.01)
No(ref)	696	80 (10%)	1.00	1.00	1.00	1.00
In receipt of treatment for problematic drug use						
Yes	197	89 (31%)	3.15 (2.32–4.26)***	1.95 (1.33–2.86)**	1.80 (1.10–2.95)*	2.57 (1.31–5.01)**
No(ref)	1052	151 (13%)	1.00	1.00	1.00	1.00

Adjusted model is for all predictors identified as significant in the unadjusted models. Variables significant at *** p<0.001; ** p<0.01; * p<0.05.

Pregabalin-positive poisoning deaths in Ireland continued

108(10): 309–310. <https://www.drugsandalcohol.ie/24965/>

- 6 Farmer D (2013) *The prescribing and management of gabapentin and pregabalin in HM Prisons and Immigration Removal Centres in England: Collaborative audit report*. NHS East & South East England Specialist Pharmacy Services. Available online at: <https://www.sps.nhs.uk/wp-content/uploads/2013/07/>

Gabapentin20and20Pregabalin20Offender20Health
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- 7 Lynn E, Cousins G, Lyons S and Bennett K (2020) A repeated cross-sectional study of factors associated with pregabalin-positive poisoning deaths in Ireland. *Drug Alcohol Depend*, 206: 107741. <https://www.drugsandalcohol.ie/31323/>

EU drug markets report, 2019

On 26 November 2019, the *EU drug markets report* was published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the European Union Agency for Law Enforcement Cooperation (Europol).¹ This is the third comprehensive overview of illicit drug markets in the European Union (EU) and, while building on reports published in 2013 and 2016, it provides greater insight and a 'richer picture' (p. 7) of the current state of drug markets in the EU.^{2,3}

Utilising a broad definition of the illicit drug market, including illicit drug production, trafficking, and wholesale and retail distribution to the end user, the current report focuses on three areas. First, it examines the impact of drug markets and

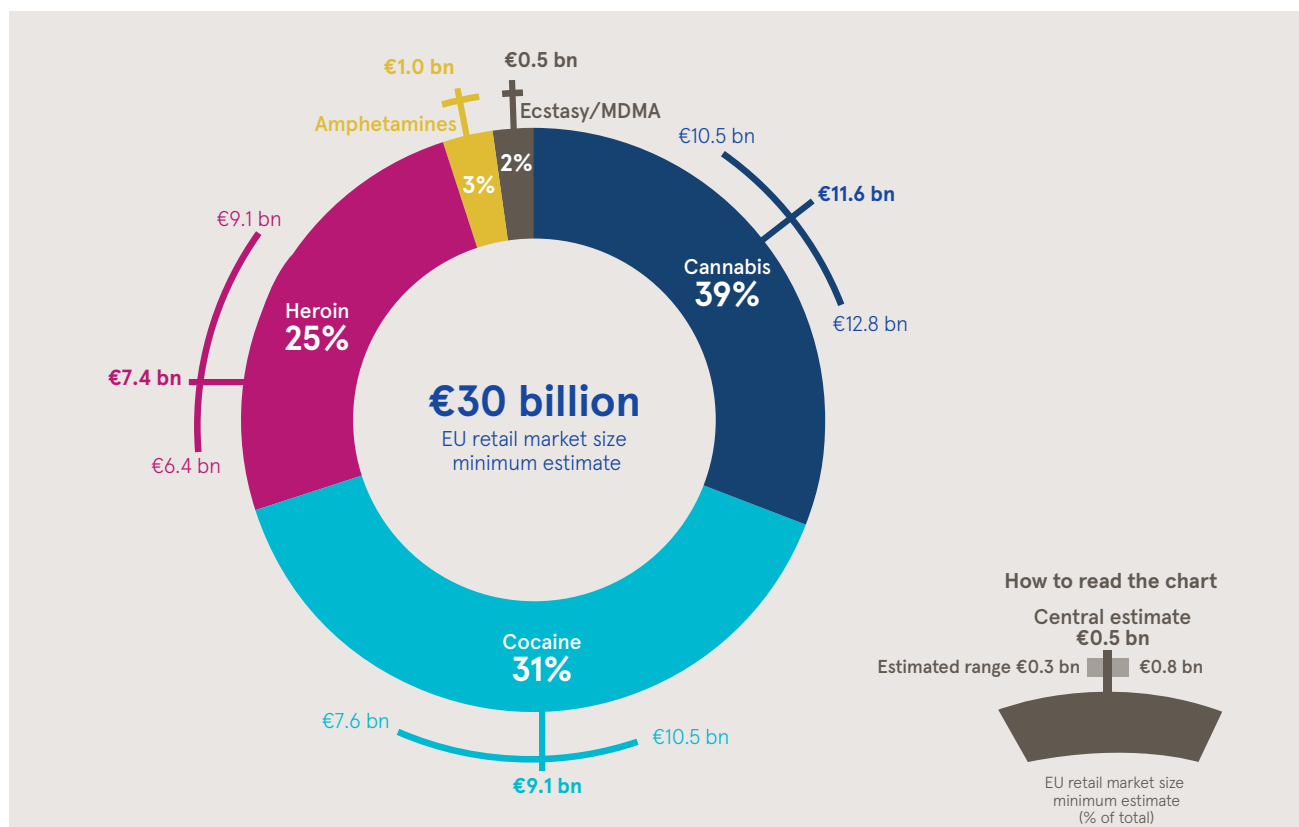
what drives their development. Second, it provides an outline of the main drug types in illicit drug markets. Third, it describes how EU member states respond to the different components of the illicit drug markets at a European and national level via policy, legislation, and operational responses.

Impacts and drivers of drug markets

The main source of income for organised crime groups (OCGs) is believed to come from the illicit drug market. Data for 2017 have indicated that it is valued at €30 billion. Figure 1 shows a breakdown of the estimated retail value of the main drugs in the EU.

The impact of the drug market is broad, not only affecting individuals who use drugs but also affecting society as a whole. It has also been shown to be connected to wider criminal activities of OCGs and terrorism; has impacted on the legal economy; has resulted in increased violence, intimidation, corruption, human trafficking, and migrant smuggling; and has harmed the environment and weakened governance.

Figure 1: Estimated retail value of the illicit market for the main drugs in the EU



Source: *EU drug markets report*, 2019, Figure 1.1, p. 29

EU drug markets report, 2019

continued

Main drug markets in the EU

The availability of high-purity, high-potency products at cheap prices continues to be widespread in the EU. The report has provided valuable insight into recent developments from production to distribution of the main drugs, such as cannabis, heroin, cocaine, amphetamines, MDMA and methamphetamine, and new psychoactive substances. Advancements in technology and digitalisation along with awareness of gaps in drug regulations and control have been exploited by OCGs, enabling them to take advantage of a more global international market.

Traditionally, OCGs have utilised several approaches to move and distribute products quickly across borders, for example, large-volume shipments and postal services. However, the sale of drugs occurs increasingly online via the surface web and darknet markets as well as via social media and apps. This approach removes the need for a traditional infrastructure, making it easier for actors to get involved in the illicit drug market. Nevertheless, it does create more difficulties for policing and public health.

Responding to drug markets

In order to respond to the challenges identified in the report, several areas need to be addressed. Table 1 identifies the key themes and implications for action.

Table 1: Key themes and implications for action in responding to drug market challenges

Key themes	Threat	Action needed
Strengthening efforts to target top-level OCGs active in the global drug market	<ul style="list-style-type: none"> • Evolving OCG business model • Ability to exploit new opportunities 	<ul style="list-style-type: none"> • Increased investment to strengthen information-sharing, analysis, and cooperation at operational, strategic, and policy levels
Reducing vulnerabilities at external borders	<ul style="list-style-type: none"> • Wholesale trafficking of drugs through key entry points into the EU 	<ul style="list-style-type: none"> • Investment in risk analysis, profiling, and intelligence-sharing • Implementation of proven approaches to make external EU borders stronger • Multiagency cooperation within and across EU borders essential
Focusing on key geographical locations for trafficking and production	<ul style="list-style-type: none"> • Areas that have increased drug market activities 	<ul style="list-style-type: none"> • Targeting of areas with special measures • Strategic priority to remain vigilant for displacement activities
Investing in forensic and toxicological capacity	<ul style="list-style-type: none"> • Growing importance of highly potent synthetic substances • Introduction of new psychoactive substances and precursor 	<ul style="list-style-type: none"> • Investment at EU and member state level to overcome limited capacity that is preventing development of effective policy and action
Addressing the links with other important security threats	<ul style="list-style-type: none"> • Links to human trafficking • Links to terrorism 	<ul style="list-style-type: none"> • Further study of links • Strengthening of multiagency partnerships to increase action in areas of prevention and prosecution of perpetrators as well as victim protection
Recognising the costs of drug-related violence and corruption	<ul style="list-style-type: none"> • Drug-related violence and corruption within the EU 	<ul style="list-style-type: none"> • Concerted actions across several policy areas
Responding to digitally enabled drug markets	<ul style="list-style-type: none"> • New technologies 	<ul style="list-style-type: none"> • Threat analysis • Specialist skills, e.g. forensic science, financial investigations, information and communications technology
Acting at a global level	<ul style="list-style-type: none"> • Globalised drug market 	<ul style="list-style-type: none"> • Engagement with international organisations and third countries crucial • Understanding of developments in drug production and trafficking in non-EU countries • Collaboration with countries neighbouring the EU or on main trafficking routes to EU essential, particularly where OCGs have links to ethnically based groups residing in the EU

Source: Adapted from *EU drug markets report, 2019*, pp. 14–15

EU drug markets report, 2019

continued

Policies and actions

Due to the complexity and the adaptability of the ever-evolving illicit drug markets in the EU, policies and responses from member states have been essential in order to target existing and imminent challenges that have arisen and continue to arise. Responses have included operational activities, the implementation of strategies and legislation, and bilateral arrangements. While targeting serious OCGs involved in the drug trade is deemed a high priority, the report points out that the impact of the drug market is both direct (e.g. health and security) and indirect (e.g. violence, safety, environment). This has negative connotations across different policy areas. These links need to be examined further in order to inform and integrate stronger responses to the illicit drug market.

Conclusion

The report provides a comprehensive overview of the EU illicit drug markets and their continuing development. It highlights

that the impact of the illicit drug markets on individuals and society is extensive and wide-ranging. Reducing the harms linked with the drug markets must continue to be prioritised. The implementation of policy across domains at both EU and member state level is considered the most adept way to achieve this outcome. This aligns with the EU's commitment to avail of a stable and evidence-based approach in response to existing challenges in this field.

Ciara H Guiney

- 1 European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol (2019) *EU drug markets report 2019*. Luxembourg: Publications Office of the European Union. <https://www.drugsandalcohol.ie/31354/>
- 2 EMCDDA and Europol (2016) *EU drug markets report 2016: in-depth analysis*. Luxembourg: Publications Office of the European Union. <https://www.drugsandalcohol.ie/25357/>
- 3 EMCDDA and Europol (2013) *EU drug markets report: a strategic analysis*. Luxembourg: Publications Office of the European Union. <https://www.drugsandalcohol.ie/19227/>

An Garda Síochána Policing Plan, 2019

An Garda Síochána (AGS) Policing Plan 2019 identifies the main policing concerns for 2019.¹ It is the first of three plans proposed by the new Garda Commissioner, Drew Harris, that will implement the new AGS Strategy Statement, 2019–2021 through numerous initiatives, which will gradually assist AGS to reach its strategic outcomes.² The AGS mission for the duration of the strategy is simply 'keeping people safe' (p. 1).² Progress through this strategy will be achieved incrementally by implementing various initiatives through the policing plans annually. Six areas were highlighted by AGS in 2019: community policing; protecting people; a secure Ireland; a human rights foundation; our people – our greatest resource; and transforming our service.^{1,2} Initiatives related to these areas are highlighted below.

Community policing

The Policing Plan 2019 seeks to introduce a new community policing framework in four Garda divisions in 2019. The locations of the first five divisions to implement this framework were announced on 10 October 2019; these cover Galway, Cork City, Dublin South Central, Meath/Westmeath, and Limerick. AGS also intends to interact and collaborate with communities and stakeholders to determine what their policing needs are and how to achieve them.

Protecting people

AGS aims to provide protection from crime and ensure safety on Irish roads by building AGS capacity to oversee and coordinate how it responds to crime. The intention is to build crime prevention capacity to reduce crime and the fear of crime. In addition, AGS aims to target organised crime groups that hurt communities through violence and the sale or supply of drugs. Moreover, it plans to improve the investigative response to crime by implementing the Investigation

Management System and other information and communication technologies.

A secure Ireland

The objective here is to improve security capabilities by implementing recommendations put forward in *A policing service for the future*.³ For example, AGS intends to carry out intelligence-led operations nationally and internationally to address terrorism. Gardaí will receive specialised training in accordance with international best practice to help them locate and seize finances used for the purpose of terrorism.

Human rights foundation

The Policing Plan 2019 seeks to build a policing infrastructure that is centred on human rights. AGS aims to embed human rights and ethical behaviour into how Gardaí police and specifically deal with criminal justice service users who are vulnerable.

Our people – our greatest resource

People are viewed as AGS's greatest resource. AGS aims to increase engagement and support and provide opportunities for continuous development. The new People Strategy 2019–2021 will be implemented and will help determine whether Gardaí are in the role most suited to them, in the right place, and at the right time.⁴ In addition, it is intended to establish a learning culture and to increase leadership capacity via leadership training. Excellent performance will be encouraged and acknowledged. Underperformance and unethical behaviour will be targeted. To support health and wellness, AGS will invest in employees' wellbeing.

Transforming our service

The Policing Plan 2019 aims to implement a new operational model. The aim is to provide a more effective service, build public confidence via greater accountability and transparency, and improve communication both internally and externally. In addition, AGS plans to re-establish confidence in crime data by working with the Central Statistics Office and by ensuring greater accuracy and governance.

Policing Plan, 2019 continued

Although drugs are only mentioned by name in the 'protecting people' section, it is implied throughout the plan.¹ Responsibility for actioning and reporting on the progress of each initiative in the plan has been assigned to an Assistant Commissioner or Executive Director, who will then report to the Garda Commissioner and the Policing Authority once a month. Moreover, key performance indicators will be used to statistically determine that improvement has occurred in several areas, such as public perception, public safety and demand, offender accountability, roads policing, victim engagement, and data quality.¹

The Garda Commissioner believes that this plan is 'ambitious' but he is 'committed to delivering a victim centred policing service, focussed on keeping people safe, protecting the most vulnerable and providing a consistently high standard of service' (p. 2).¹ In addition, Commissioner Harris is committed to 'holding the organisation to account for our performance against this plan. This development of a strong performance culture will be key to ensuring the long-term delivery of progressive organisational change and professional victim focussed services' (p. 2).¹

Ciara H Guiney

- 1 An Garda Síochána Strategic Planning Unit (2019) *An Garda Síochána policing plan 2019*. Dublin: An Garda Síochána. <https://www.drugsandalcohol.ie/31128/>
- 2 An Garda Síochána (2019) *An Garda Síochána strategy statement 2019-2021*. Dublin: An Garda Síochána. Available online at: <https://www.garda.ie/en/about-us/publications/policing-plans/strategy/garda-strategy-statement-2019-2021-2-1-20.pdf>
- 3 Government of Ireland (2019) *A policing service for the future: implementing the Report of the Commission on the Future of Policing in Ireland*. Dublin: Stationery Office. Available online at: <https://www.garda.ie/en/about-us/a-policing-service-for-the-future/implementation-plan.pdf>
- 4 An Garda Síochána (2019) *An Garda Síochána people strategy 2019-2021*. Dublin: An Garda Síochána. Available online at: https://www.garda.ie/en/about-us/publications/policing-plans/strategy/ags_people-strategy_2019_2021.pdf



RESPONSES

Recording of migrant and ethnic identity in the European Treatment Demand Indicator

In November 2019, a study on registering ethnicity and migration in the European Treatment Demand Indicator (TDI) registry was published in the *Journal of Ethnicity in Substance Abuse*.¹ According to international evidence, migrants and ethnic minorities (MEM) are a subpopulation who are both disproportionately affected by drug use and disadvantaged in accessing treatment. However, as the study author notes, data on treatment demand of MEM in Europe are currently limited. The study (a) discusses the importance of recording migration and ethnicity in the TDI along with its risks; (b) analyses current treatment trends from the 2014 national TDI reports; and (c) draws on survey responses from 19 national TDI focal points to identify indicators used and to make recommendations for improvement.

Treatment demand trends among MEM

- **Populations with high prevalence:** Twenty national reports specified MEM populations with high prevalence. Eight countries did not single out specific populations, often citing insufficient data. Highlighted in the reports as most vulnerable to problem drug use were (a) non-nationals; (b) Roma populations; and (c) people of Russian ethnicity.
- **Drug treatment demand and social correlates:** Only 50% of the reports included statistics on drug treatment demand among MEM, predominantly by nationality. However, they were often reported without further details, such as comparisons with the general population or other social correlates. An exception is the Irish report featuring an in-depth analysis of Irish Travellers' drug treatment demand. Where social correlates for drug use among MEM are reported, homelessness, unemployment, low educational attainment, and being undocumented are most frequently mentioned, albeit without being analysed with TDI data.
- **Drug-related crime:** Eighteen reports contained figures on MEM populations and drug-related crime. Non-nationals represented a high percentage of those imprisoned for drug-related crime in some countries (e.g. 39% in Finland), but a low percentage in others (e.g. 8% in Greece). Yet trends are difficult to identify due to a lack of uniform, in-depth reporting.
- **Health and risk behaviours:** Some countries reported an overrepresentation of non-nationals among drug users who tested positive for infectious diseases and those who engaged in high-risk behaviours such as injecting.
- **Access:** While all 2014 reports mentioned their national

strategies to widen treatment access, only four reports (Ireland, United Kingdom (UK), Germany, and Luxembourg) mentioned MEM in the context of accessibility.

Current TDI migration and ethnicity recording

The TDI Protocol 3.0 (2012) does not require the recording of nationality. While the recording of ethnicity and nationality is legal and General Data Protection Regulation (GDPR)-compliant, 18 member states or more insufficiently regulate the collecting of these sensitive data, contributing to a taboo around their recording.

The study's survey, following consultation with member state experts, revealed:

- Out of 19 respondents, three stated as not recording migration data, or only having data on the total of non-nationals.
- Nationality was most frequently recorded (10 respondents), along with birthplace (6), EU/non-EU status (5), ethnicity (5), nationality at birth (4), parent birthplace/nationality (1), and language (1).
- 15 respondents used two or more indicators.
- All respondents stated that coverage was a problem, regarding service participation in the TDI in general and the lack of individual-level data for some countries.
- The most common method of recording ethnicity and migration was via service providers. Four respondents reported additionally or exclusively allowing open-ended answers.

Recommendation and conclusions

The study concluded that the potential of the TDI dataset to capture treatment demand trends and inform coordinated policymaking currently remains unused for the subpopulations of MEM. Given the international evidence that MEM often show disparities in drug treatment need and access, data on their characteristics and requirements are vital for equal opportunities for the recovery of MEM populations.

Recommendations by national experts to improve MEM recording included:

- **Requiring reliable ethnicity and migration indicators in the TDI Protocol (n=5):** While nationality is currently recorded by 30% of member states, the author argued for adding mother's birthplace and language-related and self-identified ethnicity indicators to allow for a more complex and self-determined representation of service users' backgrounds.
- **Conducting in-depth intersectional analyses of MEM treatment demand with TDI data (n=2):** Migration and ethnicity variables must be examined in context with social correlates (e.g. gender, education, employment, etc.) to avoid one-dimensional and potentially further stigmatising conclusions. Such analyses would enable a more considered representation of the characteristics and causalities of MEM's treatment demand.
- **Using unique identifiers to allow individual-level insights and database linkage (n=3):** This could be a TDI-specific, pseudo-anonymised identifier, as national identifiers would not be available to undocumented migrants.

Migrant and ethnic identity

continued

However, while recording ethnicity and migration status has the potential to increase equality, it also bears risks and concerns regarding privacy, self-determination, and potential misuse of such sensitive data to further stigmatise vulnerable subpopulations. Therefore, the author argues for clearly stating in the TDI the purpose of data collection as increasing equality and protecting the rights of data subjects (following the UK's example). Furthermore, practising informed consent by clearly communicating to service users is important. Eurobarometer results show that this could encourage voluntary disclosure of ethnicity and migration identities and preclude fear of discrimination.²

The Irish TDI register has included questions on ethnicity since 2007 and currently also features questions on main language and country of birth. Along with the UK, Ireland is the only EU country which records ethnicity data with the specified goal of enacting positive measures, illustrating the feasibility of the current study's recommendations.

Britta Thiemt

- 1 De Kock C (2019) Migration and ethnicity related indicators in European drug treatment demand (TDI) registries. *J Ethn Subst Abuse*, 5 Nov: 1–27. doi: 10.1080/15332640.2019.1664962.
- 2 Makkonen T (2016) *European handbook on equality data: 2016 revision*. Luxembourg: Publications Office of the European Union. Available online at: https://ec.europa.eu/newsroom/just/document.cfm?action=display&doc_id=43205

Seminar on increasing engagement of Travellers within addiction services

Pavee Point Traveller and Roma Centre held a seminar on increasing the engagement of Travellers within the addiction services on 13 November 2019.¹ The aim of the seminar was to improve engagement between Travellers and State agencies, present examples of positive work and models of good practice, and identify key recommendations in relation to Travellers and problem drug use in preparation for the review of the current national drugs strategy.

The seminar was chaired by Martin Collins (co-chair of Pavee Point) and opened by Minister of State with responsibility for Health Promotion and the National Drugs Strategy, Catherine Byrne TD. The following speakers presented on the day. Dr Anne Marie Carew from the Health Research Board presented trends in drug treatment data focusing on Travellers. Dr Jane Mulcahy from University College Cork spoke on the wide-reaching effects of intergenerational trauma due to discrimination on addiction. Anna Quigley from CityWide Drugs Crisis Campaign discussed the challenges of working in the community, while John Paul Collins and Corrine Doyle from Pavee Point Traveller and Roma Centre gave an in-depth presentation on the organisation. Subsequently, Doreen Carpenter of the Clondalkin Travellers Development Group and Jennifer Clancy of the Clondalkin Drug and Alcohol Task Force presented the Clondalkin Model as a good example of interagency practice. Finally, Michael Cawley, the Traveller and Client Coordinator at Coolmine Therapeutic Centre, spoke eloquently of his experience in the addiction services.

Suzi Lyons

- 1 For further information on the seminar, visit: <https://www.paveepoint.ie/national-drugs-strategy-failing-travellers/>



Dr Anne Marie Carew, speaking at the seminar on Travellers' engagement with addiction services



Participants at the seminar on Travellers' engagement with addiction services in November 2019 at Pavee Point Traveller and Roma Centre

European Prevention Curriculum Handbook

The European Prevention Curriculum (EUPC) is a programme of training, the primary goal of which is 'to reduce the health, social and economic problems associated with substance use by building international prevention capacity through the expansion of the European professional prevention workforce' (p. 10).¹ It originated as an American training programme, the Universal Prevention Curriculum (UPC), and underwent a rigorous adaptation process to ensure its suitability for the European context.² The latest output from this work is the *EUPC Handbook*, published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).^{1,3}

The primary purpose of the handbook is to provide reference material for the EUPC training courses for local and regional decision-makers, opinion-makers, and policymakers working in the field of substance use prevention across Europe. However, the handbook offers a valuable introduction to prevention science and science-based interventions, which should be of use to all stakeholders with an interest in the field.

Necessity for EUPC

In his foreword to the report, Alexis Goosdeel, EMCDDA Director, emphasises the need for a more science-based approach to prevention across Europe. While progress has been made in 'developing responsible and science-based prevention interventions', he notes that:

Nevertheless, many challenges remain and, in many countries, we continue to see prevention practices for which there is little or no evidence of effectiveness being implemented in both school and community settings. In the worst cases, poorly designed prevention interventions may even cause harm. (p. 7)

It is within this context that the EMCDDA supports the development and delivery of high-quality training for those working in the sector, where the handbook is seen as a key component of this work.

Content of EUPC handbook

The handbook is divided into two broad parts: the first part focuses on the general concepts underpinning effective prevention, while the second part explores prevention approaches in different settings. Based on an outline given in the introduction to the handbook, there are four substantive chapters in the first part (p. 14). They cover the following:

- **The link between epidemiology and aetiological theories:** It offers an understanding of the role prevention can play in addressing the development of substance use disorders.
- **Common theories used by prevention scientists when developing and evaluating effective prevention interventions and policies:** It is argued that awareness of these theories is important for understanding which elements are necessary or useful in developing and/or adapting prevention interventions in different contexts and settings.
- **Evidence-based prevention interventions and policies:** It focuses on the United Nations Office on Drugs and Crime's (UNODC) International Standards on Drug Use Prevention⁴ and the EMCDDA's European Drug Prevention Quality Standards (EDPQS).⁵ This chapter also contrasts evidence-based approaches, which advocate the use of standardised interventions, with tailor-made approaches, which are often based on professional experience and presented needs. This discussion highlights how different approaches are used across Europe.
- **Monitoring and evaluation:** It provides an overview of different types of evaluation research that can be used to monitor or evaluate the effects of an intervention or policy.

The second part of the handbook focuses on prevention in different settings. The areas covered include family; school and workplace; environment; media; and community. The challenges of delivering prevention interventions in each setting are discussed, as well as a focus on evidence-based practices

European Prevention Curriculum Handbook continued

across the settings in Europe and a more detailed discussion of interventions.

Lucy Dillon

- 1 European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2019) *European prevention curriculum: a handbook for decision-makers, opinion-makers and policy-makers in science-based prevention of substance use*. Luxembourg: Publications Office of the European Union. <https://www.drugsandalcohol.ie/31119/>
- 2 The EUPC was developed by a European project entitled UPC-Adapt. It was co-funded by the EMCDDA and the European Commission. Eleven partners from nine European countries cooperated on the project and adapted the UPC to suit a European audience. The UPC was originally developed by Applied Prevention Science International (APSI) with funding from the

US Department of State to the Colombo Plan Drug Advisory Programme. Adaptation of the UPC for the European context was based on the guidelines of the European Prevention Standards Partnership on adaptation and dissemination of quality standards in different contexts (EDPQS Toolkit 4). For further information on UPC-Adapt, visit: <http://upc-adapt.eu/>

- 3 The handbook is intended for training purposes only by individuals who have completed a required course. The criteria for delivery of EUPC courses can be found at: <http://www.emcdda.europa.eu/best-practice/european-prevention-curriculum>. Details of current training providers are also found on the website. Email **EUPC@emcdda.europa.eu** for related enquiries and feedback.
- 4 United Nations Office on Drugs and Crime (UNODC) (2018) *International Standards on Drug Use Prevention*. 2nd edn. Vienna: UNODC, World Health Organization. <https://www.drugsandalcohol.ie/30048/>
- 5 European Drug Prevention Partnership (2015) *European Drug Prevention Quality Standards (EDPQS) Toolkits 1-4*. Liverpool: Centre for Public Health, Liverpool John Moores University and EMCDDA. <https://www.drugsandalcohol.ie/24582/>

National Drug Prevention and Education Forum

On 13 June 2019, a National Drug Prevention and Education Forum was held in Dublin. The forum was the first event organised by the Drug and Alcohol Education Workers Forum (DAEFW), a network of prevention and education workers in Ireland. The network was set up to pursue joint pieces of work in the field and to promote a more integrated and best practice approach to prevention and education in Ireland.

A rapporteur's report of the forum has been published.¹ It was launched on 10 December 2019 with contributions from Dr Bobby Smyth, consultant child and adolescent psychiatrist; Senator Aodhán Ó Riordáin of the Labour Party; and report author Dr Laura O'Reilly from Ballymun Youth Action Project.

Rapporteur's report

The rapporteur's report outlines the presentations made at the forum and captures the key components of the delegates' discussions. The following presentations were made at the forum:

- 'Drug education and prevention in Ireland: past, present and future?' by Dr Clay Darcy, Drug Education and Prevention Development Officer, Crosscare Youth Service and the Bray Drugs Awareness Forum.
- 'Supporting a professional prevention workforce in Europe' by Gregor Burkhart, Principal Scientific Analyst for Prevention, European Monitoring Centre for Drugs and Drug Addiction.
- 'The School Health and Alcohol Harm Reduction Project (SHAHRP) and Steps Towards Alcohol Misuse Prevention Programme (STAMP) 2004-2019' by Michael McKay, Royal College of Surgeons in Ireland.
- 'Planet Youth in the west of Ireland' by Orla Walshe, Project

Development Worker, Western Region Drug and Alcohol Task Force.

Key components and recommendations

Based on these presentations and the forum's discussions, the report makes a set of recommendations for how drug prevention and education should move forward. A selection of key findings from the day and the associated recommendations are outlined below.

Clarification of drug prevention and drug education

A recurring theme throughout the report was the perception that there is a lack of understanding among stakeholders about prevention and education strategies and how they differ from each other. The report argues that this impacts on policy, practice, monitoring, and evaluation in the field – it results in 'incoherence regarding prevention and education objectives and outcomes and a lack of evidence showing prevention and education effectiveness' (p. 5). To improve clarity, the report recommends that when working in this field stakeholders (local and regional drug and alcohol task forces, funders, policymakers, etc.) should adopt an agreed categorisation² of the differing elements – prevention, education, information provision, and harm reduction (see Table 1).

Professionalisation of prevention and education sector

The report indicates broad agreement among delegates that the prevention and education sector would benefit from being more professionalised. It was described as a workforce that exhibited diversity in its 'skills, knowledge, background, training role definition and description' (p. 13), and that in general there was a lack of information on what training workers possess. The report notes that 'the application of evidenced based principles and a trained and accredited prevention workforce like the treatment and rehabilitation sector would result in an improved prevention workforce with competencies and expertise in prevention principles, theories and practice' (p. 13). Two key recommendations for delivering a more professionalised workforce were identified:

- Prevention and education workers should be provided with training, qualifications, and opportunities to upskill. To meet this need, it is recommended that the prevention training

National Drug Prevention and Education Forum continued

syllabus, the European Universal Prevention Curriculum (EUPC), should be explored for adaptation and rollout in Ireland.

- A professional body should be established that would agree on and have oversight of core competencies in this sector.

Evaluation

Evidencing the impact of prevention and education strategies was identified by the forum as challenging. It was argued that there is a need to challenge the perception that education and prevention do not work. The report suggests that the lack of evidence may be attributed to a shortage of appropriate mechanisms and frameworks available to prevention and education workers to evaluate their work. This is further compounded by a lack of appropriate evaluation skills on the part of the practitioner. The report recommends using the categorisation outlined in Table 1 'to give rise to simpler, more accurate measurement of outcomes' (p. 14). It was also recommended that a national lead or organisation be given responsibility for the monitoring and evaluation of prevention and education initiatives.

Prevention and education on a strategic level

There was a perception at the forum that from a strategic point of view prevention and education has become increasingly undervalued and lacking in recognition since 2010. Concern was expressed about a 'lack of a long-term vision for the effective delivery of prevention and education from the top down' (p. 11). Recommendations in the report therefore included that the sector makes a submission to the mid-term review of the national drugs strategy to raise the visibility of its work; and more broadly that the sector works in closer collaboration with Government Departments and State agencies. Community mobilisation was identified as a tool that could be used to create opportunities for raising the profile of prevention and education work.

Drug and Alcohol Education Workers Forum

The report cites an 'overwhelming consensus' (p. 14) on the positive role of the DAEWF within the substance use field. It is recommended that its mandate be reviewed and further developed. Among the recommendations made for this were:

- Regular DAEWF meetings should be held and its membership expanded.
- Existing collaborations should be built on and new ones developed with relevant agencies and departments.
- The *Manual in quality standards in substance use education*, produced in 2007 by the Drug Education Workers Forum (DEWF),³ should be reviewed.
- Such standards should be used and that good practice guidelines in harm reduction, education, information, and prevention should be developed.
- SHAHRP delivery in Ireland should be developed, adapted, implemented, and reviewed.

Overall, this report identifies key limitations facing the drug education and prevention sector in Ireland. However, it also indicates a move on the part of the sector to raise its profile and address these limitations. For example, it seeks clarity through an audit of what programmes are being delivered in Ireland and where; it suggests improving the quality of evaluation of interventions; and has a clear focus on the need to address the professionalisation of its labour force.

Lucy Dillon

- 1 O'Reilly L (2019) *National Drug Prevention and Education Forum, 13th June 2019, Dublin. Rapporteur's report*. Dublin: Drug and Alcohol Education Workers Forum. <https://www.drugsandalcohol.ie/31425/>
- 2 Darcy C (2018) The precarious position of drug education workers in Ireland. *Economic and Social Review*, 49(3): 361–372. <https://www.drugsandalcohol.ie/29721/>
- 3 Butler E, Smith S, Rowley C and Keane R (eds) (2007) *A manual in quality standards in substance use education*. Dublin: Drug Education Workers Forum. <https://www.drugsandalcohol.ie/6339/>

Table 1: Categorisation of drug information, drug education, drug prevention, and harm reduction, as proposed by Darcy (2018)

Drug information	Drug education	Drug prevention	Harm reduction
<ul style="list-style-type: none"> • Descriptions of drugs • Descriptions of drug effects • Once-off talks or presentations • Materials such as: leaflets, posters, films, worksheets, handouts, booklets and awareness campaigns 	<ul style="list-style-type: none"> • Systematic process of acquiring knowledge about drugs that leads to understanding • Drug education should be developmental and have achievable learning outcomes • Should help equip the participant learner to traverse social contexts where drugs are available and/or commonly used 	<ul style="list-style-type: none"> • Interventions that work to prevent/delay drug use • Interventions that promote the cessation of drug use, and/or aim to reduce harms of drug use • Drug prevention is not always about drugs, it may focus on sociocultural or familial contexts 	<ul style="list-style-type: none"> • Interventions that work to reduce the harm caused by drug use or that work toward reducing or cessation • Includes needle exchange services, supervised injection centres, drug testing, and/or other interventions by medical practitioners

Source: *National Drug Prevention and Education Forum: Rapporteur's report*, p. 5

EUSPR conference – promoting multidisciplinary work in prevention

The 10th Conference of the European Society for Prevention Research (EUSPR) was held in Ghent, Belgium, during 16–18 September 2019. EUSPR was established to promote ‘the development of prevention science, and its application to practice so as to promote human health and well-being through high quality research, evidence based interventions, policies and practices’.¹ The cornerstones of its work are a cross-disciplinary network of scientists, policymakers, and practitioners; the development of methodologies; the promotion of higher education and career development in prevention; and the implementation of research.

The conference theme for 2019 was ‘Looking over the wall – promoting multidisciplinary work in prevention’. Speakers represented the international community working in the area of prevention. Posters and parallel session presentations covered a wide range of topics, including programme evaluations, methodological approaches, and broader debates on the role and value of prevention. Preventing substance use was just one of the behaviours addressed in the conference. A book of abstracts from the conference is available online.²

Lucy Dillon

- 1 For further information on EUSPR and the conference, visit <http://www.euspr.org>
- 2 European Society for Prevention Research (2019) *Looking over the wall: promoting multidisciplinary work in prevention*. 10th EUSPR Conference and Members’ Meeting, 16–18 September 2019, Ghent, Belgium. Programme and Book of Abstracts. <https://www.drugsandalcohol.ie/31353/>





National Drugs Library

UPDATES

Recent publications

PREVALENCE AND CURRENT SITUATION

Drinking patterns and the distribution of alcohol-related harms in Ireland: evidence for the prevention paradox

O'Dwyer C, Mongan D, Millar S, Rackard M, Galvin B, Long J, *et al.* (2019) *BMC Public Health*, 19(1): 1323.
<https://www.drugsandalcohol.ie/31239/>

In this study we explored the prevention paradox in the Irish population by comparing alcohol-dependent drinkers (high-risk) to low-risk drinkers and non-dependent drinkers who engage in heavy episodic drinking (HED).

Our results indicate that the majority of alcohol consumption and related harms in the Irish population are accounted for by low- and moderate-risk drinkers, and specifically by those who engage in heavy episodic drinking. A population-based approach to reducing alcohol-related harm is most appropriate in the Irish context. Immediate implementation of the measures in the Public Health (Alcohol) Act (2018) is necessary to reduce alcohol-related harm in Ireland.

Profile of fire fatalities in Ireland using coronial data

Doyle A, Lyons S and Lynn E (2019) *Fire Safety Journal*, 110: 102892.
<https://www.drugsandalcohol.ie/31208/>

For the first time in the Republic of Ireland, analysis using coronial data describes all fire-related fatalities occurring during the years 2014–2016.

Alcohol features prominently with alcohol present on toxicology for 54 (51%) fatalities. A Blood Alcohol Concentration (BAC) of at least 160 mg of alcohol per 100 mL of blood (mg/100 ml) was present in 35 fatalities (33% of all fatalities) and, of those, the majority were male and in the 35–59 years age group. The high BAC levels in a significant number of fire fatalities draws attention to the negative impact of alcohol on fire-related mortality.

Acceptability and accuracy of oral fluid drug testing for patients on methadone maintenance

O'Callaghan ME, Regan L, Wilson M, Byrne E, Hollywood B, O'Kelly F, *et al.* (2019) *Irish Journal of Medical Science*, Early online.
<https://www.drugsandalcohol.ie/31236/>

This project aims to evaluate the accuracy and acceptability of oral fluid testing for patients on methadone maintenance and also gather patient views on their treatment.

This study presents evidence that oral fluid testing is acceptable to most patients. While oral fluid testing was inferior to urine testing for benzodiazepines, it may have an adjunctive role to play in methadone maintenance provision. Patients reported more negative than positive aspects of methadone maintenance.

The seroprevalence of untreated chronic hepatitis C virus (HCV) infection and associated risk factors in male Irish prisoners: a cross-sectional study, 2017

Crowley D, Lambert JS, Betts-Symonds G, Cullen W, Keavans M, Kelly E, *et al.* (2019) *Eurosurveillance*, 24(14): 1800369.
<https://www.drugsandalcohol.ie/31182/>

We aimed to estimate the seroprevalence of untreated chronic HCV infection and to identify associated risk factors in an Irish male prison.

The level of untreated chronic HCV infection in Irish prisons is high, with IDU [injecting drug use] the main associated risk.

Incidence and risk factors for invasive pneumococcal disease in HIV-positive individuals in the era of highly active antiretroviral therapy

Sadler C, O'Connell S, Kelleher M and Bergin C (2019) *International Journal of STD & AIDS*, 30(5): 472–478.
<https://www.drugsandalcohol.ie/31260/>

The aim of this study was to measure temporal trends in incidence and risk factors for IPD (defined as culture of *Streptococcus pneumoniae* from blood, cerebrospinal fluid or both) in a cohort of HIV-positive patients attending an ambulatory HIV care centre in Dublin, Ireland over a 10-year period 2006–2015. Incidence of IPD was determined as events per 100,000 person-years' follow-up. Poisson regression was used to assess linear trend in incidence over time.

HIV-positive individuals remain at greater risk of IPD compared to the general population. Pneumococcal vaccine should be seen as a priority to ensure optimal protection for HIV-positive patients.

Recent publications continued

Cannabis use and associated health problems – what's the harm?

Smyth BP, O'Farrell A and Daly A (2019) *Irish Medical Journal*, 112(9): 1000.

<https://www.drugsandalcohol.ie/31216/>

We sought to describe the changing pattern of cannabis use and cannabis related health harms.

A concerted public health response is required to address escalating cannabis related health harms which have coincided with the arrival of more potent cannabis.

Hepatitis C prevalence and management among patients receiving opioid substitution treatment in general practice in Ireland: baseline data from a feasibility study

Murtagh R, Swan D, O'Connor E, McCombe G, Lambert JS, Avramovic G, et al. (2018) *Interact J Med Res*, 7(2): e10313.

<https://www.drugsandalcohol.ie/30874/>

We aimed to examine whether patients receiving opioid substitution therapy in primary care practices in Ireland were receiving guideline-adherent care regarding HCV [hepatitis C virus] screening. Ireland has developed a model of care for delivering opioid substitution treatment in the primary care setting. We conducted this study given the shift of providing care for PWID [people who inject drugs] from secondary to primary care settings, in light of current guidelines aimed at scaling up interventions to reduce chronic HCV infection and associated mortality. With general practice and primary care playing an increased role in HCV care, this study highlights the importance of prioritizing the development and evaluation of real-world clinical solutions that support patients from diagnosis to treatment completion.

Hepatitis C virus screening and treatment in Irish prisons from a governor and prison officer perspective – a qualitative exploration

Crowley D, Van Hout MC, Murphy C, Kelly E, Lambert JS and Cullen W (2018) *Health & Justice*, 6(1): 23.

<https://www.drugsandalcohol.ie/30873/>

We aim to identify the barriers and enablers to HCV screening and treatment in Irish prisons and inform the implementation of a HCV screening program within the Irish Prison Services (IPS).

Upscaling HCV management in prisons requires an in-depth understanding of all barriers and facilitators to HCV screening and treatment. Engaging prison officers in the planning and delivery of health care initiatives is a key strategy to optimising the public health opportunity that prisons provide.

Deaths in custody in the Irish prison service: 5-year retrospective study of drug toxicology and unnatural deaths

Iqtidar M, Sharma K, Mullaney R, Kelly E, Keavans M, Cullinane M, et al. (2018) *BJPsych Open*, 4(5): 401–403.

<https://www.drugsandalcohol.ie/30871/>

Deaths in Irish prisons between 2009 and 2014 were retrospectively analysed using coroner's findings, including post-mortem toxicology.

There were 69 deaths in custody, 38 of which met inclusion criteria. All deaths by overdose (16) were positive for illicit drugs; 53% of deaths (8 of 15) due to hanging were also positive for illicit drugs, and 29% of deaths (2 of 7) from other causes were toxicology positive. In conclusion, 26 unnatural deaths (68%) were associated with use of illicit drugs, which are a major contributory factor to deaths of prisoners.

Alcohol use disorder and comorbid depression: a randomized controlled trial investigating the effectiveness of supportive text messages in aiding recovery

O'Reilly H, Hagerty A, O'Donnell S, Farrell A, Hartnett D, Murphy E, et al. (2019) *Alcohol and Alcoholism*, 54(5): 551–558.

<https://www.drugsandalcohol.ie/30884/>

The aim of this randomized controlled trial was to examine the impact of daily supportive text messages over a 6-month treatment period on mood and alcohol consumption in individuals with a dual diagnosis of alcohol use disorder (AUD) and depression following completion of an inpatient treatment programme.

Supportive text messages provide an early initial benefit in decreasing symptoms of depression and stress, with a further positive impact on alcohol consumption following a longer treatment period. Benefits did not persist six months after the intervention ended.

Online gaming and gaming disorder: more than just a trivial pursuit

Columb D, Griffiths MD and O'Gara C (2019) *Irish Journal of Psychological Medicine*, Early online.

<https://www.drugsandalcohol.ie/30885/>

This article briefly examines online gaming and describes the characteristics of gaming disorder. Some features of online gaming that have addictive potential and similarities to other addictive behaviours such as gambling disorder are discussed. Finally, the article examines treatment options available for gaming disorder and treatment going forward from an Irish perspective.

Recanting of previous reports of alcohol consumption within a large-scale clustered randomised control trial

Percy A, Agus A, Cole J, Doherty P, Foxcroft D, Harvey S, et al. (2019) *Prevention Science*, 20(6): 844–851.

<https://www.drugsandalcohol.ie/30889/>

The aim of this study was to examine the extent of recanting (inconsistencies in reporting of lifetime alcohol use) and its impact on the assessment of primary outcomes within a large-scale alcohol prevention trial.

While differential rates of recanting have the potential to undermine the analysis of prevention trial outcomes, recanting is easy to identify and control for within trial primary outcome analyses. Adjusting for recanting should be considered as an additional sensitivity test within prevention trials.

Recent publications continued

Impact of carers' smoking status on childhood obesity in the Growing up in Ireland Cohort Study

Sunday S and Kabir Z (2019) *International Journal of Environmental Research and Public Health*, 16(15): 2759.
<https://www.drugsandalcohol.ie/30908/>

This study aimed to assess the impact of carers' smoking status on childhood obesity in a cohort of children enrolled in the Growing up in Ireland (GUI) study. Participants from the GUI infant cohort were categorized into four groups based on their exposure status: Neither caregiver smoked (60.4%), only primary caregiver smoked (13.4%), both caregivers smoked (10.9%).

Exposure to primary carers' smoking (98% are biological mothers) was found to be significantly associated with childhood overweight/obesity at age three (Odds Ratio: 1.30, 95% CI: 1.17-1.46) and at age five (OR: 1.31, 95% CI: 1.16-1.49). Exposure to both carers' smoking status was significantly associated with increased odds of childhood overweight/obesity across both waves. These findings emphasize the health burden of childhood obesity that may be attributable to maternal smoking postnatally and through early childhood in Ireland.

The emergence of new psychoactive substance (NPS) benzodiazepines. A survey of their prevalence in opioid substitution patients using LC-MS

McNamara S, Stokes S and Nolan J (2019) *Irish Medical Journal*, 112(7): 970.
<https://www.drugsandalcohol.ie/30910/>

200 urine samples from patients attending the HSE National Drug Treatment Centre (NDTC) who are monitored on a regular basis for drug and alcohol use and which tested positive for benzodiazepine class drugs by immunoassay screening were subjected to confirmatory analysis to determine what Benzodiazepine drugs were present and to see if etizolam or other new benzodiazepines are being used in the addiction population currently.

Benzodiazepine prescription and use is common in the addiction population. Of significance we found evidence of consumption of an illicit new psychoactive benzodiazepine, Etizolam.

Towards a Tobacco Free Ireland – scaling up and strengthening quit smoking behaviour at population level

Petty-Saphon N and Kavanagh P (2020) *Irish Journal of Medical Science*, 189(1): 3–10.
<https://www.drugsandalcohol.ie/30938/>

A secondary analysis of Healthy Ireland 2015 was undertaken to identify determinants of smoking cessation attempts and the use of smoking cessation aids in the general adult population in Ireland.

This study highlights the need to strengthen smoking cessation in Ireland to increase the number of smokers that successfully quit and achieve a Tobacco Free Ireland. The development and implementation of National Clinical Guidelines for the Diagnosis and Treatment of Tobacco Addiction will play a key role in this.

Romantic attraction and substance use in 15-year-old adolescents from eight European countries

Költő A, Cosma A, Young H, Moreau N, Pavlova D, Tesler R, *et al.* (2019) *International Journal of Environmental Research and Public Health*, 16(17): 3063.
<https://www.drugsandalcohol.ie/30964/>

Sexual minority youth are at higher risk of substance use than heterosexual youth. However, most evidence in this area is from North America, and it is unclear whether the findings can be generalized to other cultures and countries. In this investigation, we used data from the 2014 Health Behaviour in School-aged Children (HBSC) study to compare substance use in same- and both-gender attracted 15-year-old adolescents from eight European countries (n = 14,545) to that of their peers who reported opposite-gender attraction or have not been romantically attracted to anyone.

The results suggest that sexual minority stigma (and love on its own) may contribute to higher substance use among adolescents in European countries.

The administration of naloxone – social care worker perspectives and experiences

Deacy JJP and Houghton F (2019) *Irish Medical Journal*, 112(7): 975.
<https://www.drugsandalcohol.ie/30911/>

Opioid addiction in many countries has risen considerably in recent years, leading to the increasing use of terms such as the Opioid Crisis and the Opioid Epidemic. Substantial international attention has focused on this issue following significant increases in opioid related overdoses resulting in death. This phenomenon has been particularly marked in countries such as the USA and the UK. It is estimated that in 2015 Europe experienced 8,441 deaths from opioid overdose. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) notes that Ireland has also experienced a significant rise in opioid and methadone related deaths in recent years. Evidence suggests that on average heroin users will overdose three times in their lifetime, and that one in two heroin addicts will die from an overdose.

Alcohol use, regular use, disorder and remission from use disorders in Northern Ireland: a prevalence study

Bunting B and Bharat C (2019) *Addiction Research & Theory*, 27(4): 347–353.
<https://www.drugsandalcohol.ie/31109/>

This study presents prevalence estimates and ages of onset for alcohol use, regular use, use disorders and remission from use disorders in Northern Ireland, and the time for transitioning between these stages.

The consumption of alcohol is high within Northern Ireland with some 83% of the population consuming alcohol, and with over 90% of this group taking alcohol on a regular basis. The abuse of alcohol was particularly marked amongst students and males, with dependence showing a higher prevalence amongst those with the lowest level of educational attainment, and where the commencement of alcohol consumption was at an early age. Transitions between stages of lifetime alcohol use, regular use, and use disorders were associated with the early commencement of alcohol use, education, cohort use and being male.

Recent publications continued

Purchasing over the counter (OTC) medicinal products containing codeine – easy access, advertising, misuse and perceptions of medicinal risk

Wells JSG, Bergin M, Van Hout MC, McGuinness P, De Pleissis J, Rich E, *et al.* (2018) *Journal of Pharmacy & Pharmaceutical Sciences*, 21: 286–295.
<https://www.drugsandalcohol.ie/31117/>

The aim of this novel study was to report on the results of a survey of customers purchasing OTC codeine containing medicinal products at pharmacies in Ireland, South Africa and England; exploring use, sources of knowledge and perception of risks.

Codeine containing products are widely purchased and used in all three jurisdictions. Whilst the majority of customers appear to have some awareness and knowledge of risks, it does not materially impact on their purchasing behaviour with a substantial minority purchasing/using such products on a weekly basis. This regularity of purchase, whilst indicative of the popularity of such products, may also be a potential indicator of misuse. Future research is needed in relation to cultural and gendered differences and targeted information giving and harm reduction initiatives for safe usage of these medicinal products.

Clients' views on the importance of a nurse-led approach and nurse prescribing in the development of the healthy addiction treatment recovery model

Comiskey C, Galligan K, Flanagan J, Deegan J, Farnann J and Hall A (2019) *Journal of Addictions Nursing*, 30(3): 169–176.
<https://www.drugsandalcohol.ie/31044/>

The aims of this study were to establish from clients their nursing needs and to use these findings alongside an objective measurement of clients' health to inform the development of a nurse-led treatment model.

Clients articulated the role of the nurse in their physical care; however, unexpectedly, clients identified nurses as an essential source of psychological support and expressed the wish for the role to be expanded in terms of managing methadone treatment and accessing additional services and resources. Results contributed to the formation of the nurse-led, client mental-health-focused, Healthy Addiction Treatment Recovery Model for addiction nursing services. In terms of national policies, findings provided new evidence articulated by service users on their desire for the expansion of nurse prescribing in addiction services and an expansion of the role to more adequately address client needs.

State of the art in European addictions nursing: perspectives from the United Kingdom, Ireland, and the Netherlands

Clancy C, Kelly P and Loth C (2019) *Journal of Addictions Nursing*, 30(3): 139–148.
<https://www.drugsandalcohol.ie/31046/>

In this article, we discuss the state of the art of addiction nursing in Europe. This state is viewed throughout the United Kingdom, Ireland, and the Netherlands and has a direct link to the future. Despite differences, the three countries share nursing values. The start of International Nurses Society in Addictions Nursing Ireland and the Netherlands is only the beginning of a new connection and cooperation Europe-wide.

'Debt on me head': a qualitative study of the experience of teenage cannabis users in treatment

James PD, Comiskey C and Smyth BP (2019) *Journal of Addictions Nursing*, 30(3): 211–218.
<https://www.drugsandalcohol.ie/31042/>

The aim of this study was to understand more about the experience of young, treatment-seeking, cannabis users.

Young cannabis users in treatment can clearly identify many negative aspects of their cannabis use but are particularly ambivalent toward cannabis. Reluctance to aim for abstinence is common.

Psychosocial, psychiatric and work-related risk factors associated with suicide in Ireland: optimised methodological approach of a case-control psychological autopsy study

Arensman E, Larkin C, McCarthy J, Leitao S, Corcoran P, Williamson E, *et al.* (2019) *BMC Psychiatry*, 19(1): 275.
<https://www.drugsandalcohol.ie/31050/>

The Suicide Support and Information System Case Control study (SSIS-ACE) aimed to compare psychosocial, psychiatric and work-related risk factors across three groups of subjects: suicide decedents, patients presenting to hospital with a high-risk self-harm episode, and general practice controls.

The study allows for the investigation of consistency across different data sources and contributes to the methodological advancement of psychological autopsy research. The study will also inform clinical and public health practice. The comparison between suicide cases and controls will allow investigation of risk and protective factors for suicide more generally, while the comparison with high-risk self-harm patients will help to identify the factors associated specifically with a fatal outcome to a self-harm episode. A further enhancement is the particular focus on specific work-related risk factors for suicide.

Recent publications continued

POLICY

Cost of youth tobacco-control policies in seven European countries

Leão T, Perelman J, Clancy L, Hoffmann L, Kinnunen JM, Mélard N, *et al.* (2019) *European Journal of Public Health*, Early online. <https://www.drugsandalcohol.ie/31098/>

In this study, we aimed at estimating the costs of school smoking bans, school prevention programmes and non-school bans (smoking bans in non-educational public settings, bans on sales to minors and bans on point-of-sale advertising), implemented in Finland, Ireland, the Netherlands, Belgium, Germany, Italy and Portugal, for 2016.

Costs of the tobacco control policies evaluated here depend mainly on the number of person-hours allocated to their implementation, and on the scale of intervention. Non-school bans presented the lowest costs, and the implementation of all policies cost up to €36 pp for 1 year.

Better data, better policy and better lives: a call for improved drug monitoring and concerted responses

Comiskey C, Bretteville-Jensen AL, Bergeron H, Bühringer G, Dargan P, Davoli M, *et al.* (2020) *Addiction*, 115(2): 199–200. <https://www.drugsandalcohol.ie/30863/>

[Editorial] With the breadth of new psychoactive substances and international policy changes, an analysis of specific responses in all areas of drug supply and demand is beyond the resources of a single country. The Scientific Committee of the EMCDDA calls for a strengthening of global monitoring and evidence synthesis and a renewed vigour in collaborative efforts to expand training, research and the quality and comparability of data across Europe and beyond.

RESPONSES

Hepcare Europe – bridging the gap in the treatment of hepatitis C: study protocol

Swan D, Cullen W, Macías J, Oprea C, Story A, Surey J, *et al.* (2018) *Expert Review of Gastroenterology & Hepatology*, 12(3): 303–314. <https://www.drugsandalcohol.ie/30877/>

This paper describes the Hepcare Europe project, a collaboration between five institutions across four member states (Ireland, UK, Spain, Romania), to develop, implement and evaluate interventions to improve the identification, evaluation and treatment of HCV among PWID [people who inject drugs].

Hepcare has the potential to make an important impact on patient care for marginalised populations who might otherwise go undiagnosed and untreated. Lessons learned from the study can be incorporated into national and European guidelines and strategies for HCV.

Does an adapted Dialectical Behaviour Therapy skills training programme result in positive outcomes for participants with a dual diagnosis? A mixed methods study

Flynn D, Joyce M, Spillane A, Wrigley C, Corcoran P, Hayes A, *et al.* (2019) *Addiction Science & Clinical Practice*, 14(1): 28. <https://www.drugsandalcohol.ie/30939/>

It has been hypothesised that the skills training, which is a facet of the full DBT [dialectical behaviour therapy] programme, might be effective for people with severe emotional dysregulation and other co-occurring conditions, but who do not meet the criteria for BPD [borderline personality disorder]. However, there is limited research on standalone DBT skills training for people with substance misuse and emotional dysregulation.

This DBT skills training programme, adapted from standard DBT, showed positive results for participants and appears effective in treating people with co-occurring disorders. Qualitative results of this mixed methods study corroborate the quantitative results indicating that the experiences of participants have been positive. The study indicates that a DBT skills programme may provide a useful therapeutic approach to managing co-occurring symptoms.